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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25996

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 114

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles

(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution Two days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town St. Charles
(If outside city or town limits, write "RURAL")

(d) Street No. 324 Clay Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Frank C. Trischmeyer

3. (b) If veteran, name war No

3. (c) Social Security No. 494-01-7550

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1941 hour 5 minute 45 P. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 31 1895
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from FEB. 2, 1941, to JUNE 12, 1941, that I last saw him alive on JUNE 12, 1941, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

42 7 11 hr. min.

Immediate cause of death Cardiac Decompensation Duration 2 mon.

9. Birthplace New Melle, Mo.
(City, town, or county) (State or foreign country)

Due to Cirrhosis of Liver

10. Usual occupation Laborer

Other conditions Generalized Arteriosclerosis
(Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name August Trischmeyer

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Hanna Laumann

15. Birthplace St. Charles County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Meta Post

(b) Address Hentzville, Mo.

17. (a) Burial (b) Date thereof June 15-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cem., St. Charles, Mo.

18. (a) Signature of funeral director H. C. Ballmeyer & Sons

(b) Address 800 N. Second St. Charles, Mo.

19. (a) 6-13-41 (b) 697
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(e) While at work? _____ (Specify type of place) (f) Means of injury _____

23. Signature O. W. Jowers (M. D. or other) Phys.

Address 106 Washington St. Chas. Date signed 6-13-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

John E. Dallmeyer

Licensed Embalmer No. *2451*

P. O. Address *St. Charles Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.