

1. PLACE OF DEATH:

(a) County **SAINT LOUIS:**
(b) City or town **UNIVERSITY CITY:**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7560 STANFORD AVE: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community **LIFE:** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI:** (b) County **SAINT LOUIS:**
(c) City or town **UNIVERSITY CITY:**
(If outside city or town limits, write "RURAL")
(d) Street No. **7560 STANFORD AVE:**
(If rural, give location)
(e) Citizen of foreign country? **NO.** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **LOUIS FREDERICK TRAMPE**

3. (b) If veteran, name war **UNKNOWN**
3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **FRANCES OBERRIEDER TRAMPE**
6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **APRIL 18 - 1871**
(Month) (Day) (Year)

8. AGE: Years **71** Months **4** Days **14**
If less than one day hr. min.

9. Birthplace **SAINT LOUIS MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **(RETIRED) SALESMAN**

11. Industry or business **INTERNATIONAL SHOE COMPANY**

MOTHER FATHER { 12. Name **FREDERICK TRAMPE**
13. Birthplace **GERMANY**
14. Maiden name **MARY SCHUMACHER**
15. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS FRANCES O. TRAMPE**
(b) Address **7560 STANFORD AVE:**

17. (a) **BURIAL** (b) Date thereof **SEP'T 5/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **SUNSET BURIAL PARK**

18. (a) Signature of funeral director **C.R. LUPTON & SONS.**
(b) Address **7233 DELIAR BLVD**

19. (a) **SEP - 2 1942** (b) **[Signature]**
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEP'T** day **2nd**
year **1942.** hour **7:45** minute **A** M.

21. I hereby certify that I attended the deceased from **Aug 1** 1942 to **Sept 2** 1942
that I last saw him alive on **Sept 2, 1942** 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death:
Coronary Thrombosis 1720
Arterial Sclerosis 242

Other conditions (Include pregnancy within 3 months of death) **[Signature]**

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

23. Signature **[Signature]** (M. D. or other)
Address **Flack Guarais** Date signed **9/2/42**

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

96
526

96
33
5

ME

DR. A. L. HERTTEL
3606 GRAVOIS AVE.

LA - 7890

2-4:30 P.M.

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

Bradford A. Miles

Licensed Embalmer No.....

2901

P. O. Address.....

University City, 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.