

S. No. 2  
M-5-42  
5-17-39  
P-1 X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12889  
Registrar's No. 4296

Registration District No. 18

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3333 Virginia Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 34 Years In St Louis, (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....  
(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL.")  
(d) Street No. 3333 Virginia Ave  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME SUSSANA TRAUM

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased Oct 2 1855  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 7 5 hr. .... min.

9. Birthplace Austria 4  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housewife.

12. Name John Bieber

13. Birthplace Austria 4  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Austria 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Volmer

(b) Address 3333 Virginia Ave.

17. (a) Burial (b) Date thereof May 10/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Old S. S. Peter & Paul

18. (a) Signature of funeral director Thos. Lutist Son  
(b) Address 2906 Gravois Ave

19. (a) MAY 9 1943 (b) J. Bredeck  
(Date certified local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th  
year 1943 hour 3 25. minute P.M. M.

21. I hereby certify that I attended the deceased from Jan. 2 1943 to May 7 1943  
that I last saw her alive on May 7 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia by post-tubercular lobar  
Chronic Myocarditis  
Arterio Sclerosis.  
Due to..... 3 years.  
Due to.....

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations.....  
Of autopsy.....  
PHYSICIAN

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

While at work?..... (Specify type of place)  
(c) Means of injury.....  
23. Signature Julius P. Kotten (M. D. or other M.D.)  
Address 2603 Cherokee St Date signed 5.8.43

**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.....  
.....  
working under my personal supervision.

Signed..... *David Van Fossan*.....  
Registered Apprentice No.....

Licensed Embalmer No. *4242*.....

P. O. Address. *2906 Marvick*.....

**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.**