

FILED MAY 15 1943

Registration District No. 277

Primary Registration District No. 6076

Registrar's No. 1114

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6329 Wells 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 _____
(Years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Wellston
(If outside city or town limits, write "RURAL")

(d) Street No. 6329 Wells Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sophie Trulaske.

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th.
year 1943 hour 12 minute 02 A.M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Frank Trulaske.

6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased September 1, 1866.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 20, 1943 to May 8, 1943, that I last saw her alive on May 8, 1943, and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>8</u>	<u>8</u>	hr. _____ min. _____

Immediate cause of death: Ch. Myocarditis & Congestive Heart Failure

Due to _____

9. Birthplace Jackson County, Missouri
(City, town, or county) (State or foreign country)

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Housewife.

Major findings: _____

11. Industry or business _____

Of operations _____

12. Name Henry Schroeder.

Of autopsy 928

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

14. Maiden name Dont know.

15. Birthplace Dont know.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Frank Trulaske.

(b) Address 6312 Lenox Ave.

17. (a) Burial (b) Date thereof 5-12-1943.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch I

(b) Address 5966 Easton Ave.

19. (a) MAY 11 1943 (b) C. J. Mrs. Carson, M.D.
(Time received local registrar) (Registrar's signature)

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? _____

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

23. Signature R. Hayden (M. D. or other) M.D.
Address 5899 Delmar Date signed 5/10/43

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

MOTHER FATHER

96
00

Dr. L.F.Hayden.
5899 Delmar Blvd.
Telephone 7201

2 to 4 P.M.

MAY 28 1948

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 3454

David C. Gibson

, Registered Apprentice No. 346

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton Rd - 77

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.