

V. S. No. 2
50M-5-42
Rev. 5-17-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30471
State File No. 8782
Registrar's No.

FILED OCT 13 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9-29-43 to 10-1-43**
(Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County
(c) City or town **Pilot Knob Iron**
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME **Carrel Tramel**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Laura Kelly** 6. (c) Age of husband or wife if alive **?** years

7. Birth date of deceased **Oct. 23 1879**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 63 11 8 hr. min.

9. Birthplace **Iron Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business **none**

12. Name **Fields Tramel**

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

14. Maiden name **Bicy Mayfield**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. Mabel Yates** (b) Address **Pacific Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **10/14/43**
(Month) (Day) (Year)
(c) **Masonic Cemetery** (Place of burials or cremations)

18. (a) Signature of funeral director **J. F. Bredeck**
(b) Address **1325 So. Grand Blvd.**

19. (a) **OCT 1 1943** (Date received local registrar) (b) **J. F. Bredeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **1**
year **1943** hour **4:30** minute **A. M.**

21. I hereby certify that I attended the deceased from **September 29** in **43** to **October 1, 1943**, that I last saw him alive on **October 1, 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Post operative embolism**
Duration **few minutes**

Due to **Chr. maxillary sinusitis with possible malignancy.**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Sinus filled with tissue. Bony defects found in sinus wall.**
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 **Fred W. Landis** (M. D. or other)

Address **1325 So. Grand Blvd.** Date signed **10/11/43**

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

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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. 10/2/43
working under my personal supervision.

Signed Lee P. Leibel

Licensed Embalmer No. 3475

P. O. Address Ironton, 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.