

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Manchester Nursing Home 4
(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 Mo. (b) County Iron 47
(c) City or town Ironton
(If outside city or town limits, write "RURAL") 1
(d) Street No. Ironton Mo.
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th
year 1944 hour 11:45 minute P.M. M.
21. I hereby certify that I attended the deceased from April 15
_____ 1944, to April 27 _____ 1944
that I last saw him alive on April 27 _____ 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension & Hemiplegia of Lung
Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

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?
(Specify type of place) _____
(e) While at work? _____ (e) Means of injury _____
23. Signature A. J. Merten M.D. (M. D. or other) _____
Address 3507 Poloma Date signed 4-30-44

3. (a) PRINT FULL NAME William Trauernicht

3. (b) If veteran, name war None 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Late Fredericka Trauernicht 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 16th 1856
(Month) (Day) (Year)

8. AGE: Years 88 Months 3 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Iron Mountain Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant Tailor

11. Industry or business _____

MOTHER FATHER { 12. Name August Trauernicht
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country) 4
14. Maiden name Johanna Unknown
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country) 11

16. (a) Informant Fred W. Trauernicht
(b) Address 1810 Lawrence St.

17. (a) Entombment (b) Date thereof 5-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Kriegshauser Mortuar
(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAY 2 1944 (b) C. H. Mc Lauran
(Date received local registrar) (Registrar's signature)

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

Dr. McShadden
A. J. Spaulding
An 1863 3509 Calmes
No 2110 462 N Jaylan

1910 JUN 20

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 Edwin M. Bernath
Licensed Embalmer No. 3024
P. O. Address.....

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.