V. S. No. 2
00M—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 3 1944

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32904

Registrar's No. 8862

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Amoona to City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 2

In this community

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. 4227 Lindell
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Aaron Traube

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 Gertrude Traube

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years About 56 | Months | Days | If less than one day hr. min.

9. Birthplace Nashville (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation Retired

11. Industry or business City Water Dept.

FATHER
12. Name Wolfe Traube
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cecelia Weinbaum
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gertrude Traube
(b) Address 4227 Lindell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-20-44 (Month) (Day) (Year)
(c) Place: burial or cremation B'nai Amoona Cem.

18. (a) Signature of funeral director Herman Rudkopf
(b) Address 5216 Delmar Blvd.

19. (a) OCT 19 1944 (Date received local registrar) (b) J. T. Breeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18th year 44 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertrophic cirrhosis of the liver; Chronic Pericarditis. — Duration 1 yr

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 1 2 4

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:

(c) 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)

While at work? (e) Means of injury

23. Signature James J. Tiffenman (M.D. or other) Coroner

Address 1300 S. Broadway Date signed 10/19/44

(Licensed Embalmer's Statement on Reverse Side)

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.....H E Burgess.....

Licensed Embalmer No.....4029.....

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.