S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

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33377

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34554

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 154

1. PLACE OF DEATH:

(a) County ST. CHARLES

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

(c) Name of hospital or institution: ST. JOSEPH'S 0 (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) 1 day - 18 hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln 57

(c) City or town Old Monroe 0 (If outside city or town limits write "RURAL")

(d) Street No. — 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? — years 1

3. (a) PRINT FULL NAME THOMAS NEIL TRADER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased Oct. (Month) 13 (Day) 1946 (Year)

8. AGE: Years | Months | Days 1½ | If less than one day hr. min.

9. Birthplace ST. CHARLES (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Russell Henry Trader 1
13. Birthplace Chicago (City, town, or county) Ill. 1 (State or foreign country)

MOTHER
14. Maiden name GARNITA JULIENNE BRAUNGARDT
15. Birthplace WINFIELD (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Garnita Julienne Braungardt

(b) Address Old Monroe

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-15-46 (Month) (Day) (Year)

(c) Place: burial or cremation WINFIELD Mo

18. (a) Signature of funeral director O. Gaslan Ricks

(b) Address Winfield, Mo

19. (a) 10/17/46 (Date received local registrar) (b) Fannie Hannen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14 year 1946 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from Oct 13 1946, 19__, to Oct 14, 1946; that I last saw him alive on Oct 14, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemolytic Jaundice	
Due to Rh neg. Mother Rh Pos. Father	
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.

16 C

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)

While at work? (e) Means of injury 0

23. Signature O W Lamers (M. D. or other) MD

Address St. Charles Mo Date signed 10-16-46

284

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 10-22-46

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.