

FILED NOV 29 1946

Registration District No. **163**

Primary Registration District No. **3031**

Registrar's No. **58**

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

1. PLACE OF DEATH

(a) County Jefferson
(b) City or town Debato (Valla)
(c) Name of hospital or institution 708 S. 2nd St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 years
In this community 40 years
years, months or days

3. (a) PRINT FULL NAME LORENZ TRUNK

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Agathe Trunk 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 5 1866
(Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 13 If less than one day hr. min.

9. Birthplace Baden Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Retired auto dealer

11. Industry or business

12. Name Lorenz Trunk
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Christina Trunk
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Agathe Trunk
(b) Address Debato, Mo.

17. (a) Burial (b) Date thereof Nov 21 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Colony Cemetery

18. (a) Signature of funeral director Donald B. Gentry

(b) Address Debato, Mo.

19. (a) 11-21-46 (b) Marie Sharris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson 50
(c) City or town Debato 2
(If outside city or town limits, write "RURAL")
(d) Street No. 708 S. 2nd St. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
year 1946 hour 8 minute 52 p. M.

21. I hereby certify that I attended the deceased from 2-12-45
1946 to 11-18, 1946

that I last saw her alive on 11-18, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Essential hypertension Duration ?

Due to

Due to

Other conditions Cardiac Failure
(Include pregnancy within 3 months of death)

Major findings: Of operations 102

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 home (Specify type of place) (e) Means of injury 0

23. Signature Mrs. E. Fallis (M. D. or other) 0
Address Debato, Mo. Date signed 11/20/46

RECEIVED
District Health Officer No. 9
District File Number
Date Filed: 11-27-46

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Samuel B. DeB...

Licensed Embalmer No.

4104

P. O. Address.....

St. Louis, 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.