

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

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C36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 17 1946
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. **43047**

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **10469**

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:
3646 Park Avenue
(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)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **oaa**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **17**

(d) Street No. **3646 Park**
(If rural, give location) **0**

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Harry Trader**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **702-12-5671**

4. Sex **Male** 5. Color of race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Edna Chestnut Trader**

6. (c) Age of husband or wife if alive **44** years

7. Birth date of deceased **Aug. 1, 1872**
(Month) (Day) (Year)

8. AGE: Years **74** Months **4** Days **4**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Baggage Checker**

11. Industry or business **Railroad**

12. Name **Dont Know**

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

14. Maiden name **Dont Know**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Edna C. Trader**

(b) Address **3646 Park Avenue**

17. (a) **Burial** (b) Date thereof **12-07-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cemetery**

18. (a) Signature of funeral director **Thos. J. Finan**

(b) Address **1519 S. Grand Blvd.**

19. (a) **DEC 7 1946** **J. F. Bradeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **14th**
year **1946** hour **5** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **7th 8**, 19**46** to **Dec 4**, 19**46**
that I last saw him alive on **12/4**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic myocarditis
Due to **Hypertension**
Due to **Arteriosclerosis**

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

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)

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **W. C. Houser** (M. D. or other) **MS**
Address **3012 Lafayette** Date signed **12/6/46**

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 *John Ketter*

Licensed Embalmer No. *3580*

P. O. Address *Sharon*

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.