. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29999 0

FILED AUG 28 1947

Registration District No. 3 22

Primary Registration District No. 6076

Registrar's No. 1787

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks 23, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 8-14-47 (Specify whether
In this community 58 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-0-0

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

(d) Street No. 2140 Adelaide 9
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME TRUMPFELLER, Edward M.

3. (b) If veteran, name war World I

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 2

6. (b) Name of husband or wife

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

7. Birth date of deceased December 14, 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	8	3	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Michael Trumpfeller 11
13. Birthplace Germany 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Annie Feurbacher
15. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, Vet. Adm. Hospital,
(b) Address Jefferson Barracks 23, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens

18. (a) Signature of funeral director Math. Hermann & Son Inc.
(b) Address St. Louis, Missouri

19. (a) 8-21-47 (Date received local registrar) (b) Beula J. Shaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17
year 1947 hour 2:55 minute A M.

21. I hereby certify that I attended the deceased from August 14, 1947, 19, to August 17, 1947, 19; that I last saw him alive on August 17, 1947, 19; and that death occurred on the date and hour stated above.

Immediate cause of death ARTERIOSCLEROSIS, GENERALIZED AND CORONARY, WITH THROMBOSIS.

Due to 124 b

Due to

Other conditions CORRHOSIS OF LIVER
(Include pregnancy within 3 months of death)

Major findings:
Of operations No Operation

Of autopsy No Autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 L. E. Stilwell (M. D. ~~or other~~)

Address VAH, Jeff. Brks., Mo. Date signed 8-18-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

SEP 2 1947

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 Hilford G. Burnley

Licensed Embalmer No. 4208

P. O. Address Sioux City Iowa

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.