

10-47  
7-39  
3906

#09046  
FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED MAY 20 1948

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18095  
State File No. \_\_\_\_\_  
Registrar's No. 4493

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital—Max C. Starkloff  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6131 Ouida Ave  
(If rural, give location) Memorial 9  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES TRAMPE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 497-01-4027

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 30, 1879.  
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 12 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Charles Trampe

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

14. Maiden name Anna Kruse

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

16. (a) Informant Mrs. Sam Campbell

(b) Address 6131 Ouida Ave

17. (a) Burial (b) Date thereof 5/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc.

(b) Address 2161 East Fair Ave

19. (a) MAY 13 1948 (b) J. F. Brudeck  
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th  
year 1948 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from 4/3/48  
\_\_\_\_\_, 19\_\_\_\_, to May 12th, 19 48  
that I last saw him alive on May 12th, 19 48  
and that death occurred on the date and hour stated above.

Immediate cause of death: arteriosclerosis  
heart disease  
Duration: ? years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: Pakumin  
(Include pregnancy within 3 months of death)

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:

(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 \_\_\_\_\_ (y) Means of injury \_\_\_\_\_

23. Signature Frank F. Martin (M. D. or other)

Address 1515 Lafayette 5/12/48

**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 *William E. Benke*

Licensed Embalmer No. *7140*

P. O. Address *St. Louis*

**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.**