

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

28534

State File No. _____

FILED SEP 7 1948

Registration District No. 367

Primary Registration District No. 6-576

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
2625 Carson Road /
(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

3. (a) PRINT FULL NAME Anna Traffert

3. (b) If veteran name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Harry Traffert

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased August 27 1877
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Howard Frew

13. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Traffert

(b) Address 4155 Westminister Place.,

17. (a) Burial (b) Date thereof 9/1/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 8-30-48 (b) General Sta...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 2010 Oak

(a) State Missouri (b) County _____

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

(d) Street No. 4155 Westminister Place.,
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month August day 29
year 1948 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 15 1948 to August 29 1948
that I last saw her alive on August 28 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 5 days

Due to arteriosclerosis cardiovascular disease 2 yrs

Due to 930

Other conditions Senile dementia 1 yr
(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? _____

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

23. Signature Lewis Littmann (M. D. or other) MD
Address 4231 Clayton Rd Date signed 8/30/48

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 *Gustav W. Dietrich*.....

Licensed Embalmer No. *4329*.....

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.