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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1322
Registrar's No. 1322

FILED FEB 23 1949

318

1003

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>									
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>				c. LENGTH OF STAY (In this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>E. St. Louis</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Park Lane Memorial Hos.</u>				d. STREET ADDRESS (If rural, give location) <u>1612a N. 13th Str., 2</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nathaniel</u>			b. (Middle) _____			c. (Last) <u>Trumbull</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 10, 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 4, 1880</u>		9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>6</u>		IF UNDER 48 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Chauffeur</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Swift & Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Mt. Sterling, Ill.</u>				12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>William Trumbull</u>				13b. MOTHER'S MAIDEN NAME <u>Mahalia Lawson</u>				14. NAME OF HUSBAND OR WIFE <u>Eva Trumbull</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>327-03-1972</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Helen P. Haigand</u>				ADDRESS <u>E. St. Louis, Ill.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis and Hypertension.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Asst</u>								INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>No. surgery</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____									
22. I hereby certify that I attended the deceased from <u>Feb. 8, 1949</u> , to <u>Feb. 10, 1949</u> , that I last saw the deceased alive on <u>Feb. 10, 1949</u> , and that death occurred at <u>2:45 P.M.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>James J. Trumbull</u>						23b. ADDRESS <u>4930 Lindell Boulevard</u>			23c. DATE SIGNED <u>2-10-49</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 13, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Prairie</u>		24d. LOCATION (City, town, or county) (State) <u>Ethlyn Missouri</u>							
DATE REC'D BY LOCAL REG. <u>FEB 11 1949</u>				REGISTRAR'S SIGNATURE <u>J. B. Lavater</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Churruariz</u>				ADDRESS <u>E. St. Louis Ill</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MR

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 _____

..... Student/Embalmer No.
working under my personal supervision.

Signed.....
Student Embalmer

Signed.....
W. K. Kurrens Jr.

Licensed Embalmer No. 3162
P. O. Address: St Louis 11

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.