

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21796**
Registrar's No. **5219**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5219	
1. PLACE OF DEATH a. COUNTY - _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Illinois b. COUNTY St. Clair			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place) 3 mo. 13 d		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East St. Louis		779 11	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				d. STREET ADDRESS (If rural, give location) N.A. - 24a Samuel Gompers			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) CYRIL		c. (Last) TRUMBLE		4. DATE OF DEATH (Month) (Day) (Year) June 15, 1949	
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 4, 1904		9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Public Accountant		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Phillipsburg, Pa.		12. CITIZEN OF WHAT COUNTRY? 1	
13a. FATHER'S NAME Samual Trumble		13b. MOTHER'S MAIDEN NAME Susan Kay		14. NAME OF HUSBAND OR WIFE Bertha Hood			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Bertha Hood Trumble ADDRESS East St. Louis, Ill			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal hemorrhage ANTECEDENT CAUSES DUE TO (b) Hypertensive cardiovascular disease DUE TO (c) Arteriolar nephrosclerosis, malignant II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> ? Ca. of colon				INTERVAL BETWEEN ONSET AND DEATH 2 days 8 yrs. 8 yrs.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 1310			
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? 592X			
22. I hereby certify that I attended the deceased from March 9, 1949 , to June 15, 1949 , that I last saw the deceased alive on June 15, 1949 , and that death occurred at 11:10 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE F. Bradley (Degree or title) M.D.				23b. ADDRESS Barnes Hospital,		23c. DATE SIGNED 6/15/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 16, 1949	24c. NAME OF CEMETERY OR CREMATORY St. Clair Mem. Pk.		24d. LOCATION (City, town, or county) (State) St. Clair Co., Ill		
DATE REC'D BY LOCAL JUN 16 1949		REGISTRAR'S SIGNATURE J. B. Lanster		25. FUNERAL DIRECTOR'S SIGNATURE Chas. M. Burke		ADDRESS East St. Louis, Ill	

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student
Student Embalmer

Signed Chas M. Burke

Licensed Embalmer No. 2421

P. O. Address East St. Louis, Ill

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.