

**STANDARD CERTIFICATE OF DEATH**

FILED JUL 5 1949

State File No. **21797**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5551**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis 96</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis Clayton 23</b>	
c. LENGTH OF STAY (in this place) <b>21 days</b>		d. STREET ADDRESS (If rural, give location) <b>7128 Forsythe 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>7128 Forsythe</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Alice</b> b. (Middle) <b>Marshall</b> c. (Last) <b>Trump</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 27 1949</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>December 10, 1876</b>
9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>17</b>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Saint Louis, Missouri 0</b>
			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Marshall</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Edgar H. Trump</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Edgar H. Trump</b>	ADDRESS <b>7128 Forsythe Blvd. St. Louis</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <small>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</small>	<b>MEDICAL CERTIFICATION</b>		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Probable ventricular fibrillations</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>Coronary thrombosis</b> DUE TO (c) <b>Coronary artery disease</b>		
II. OTHER SIGNIFICANT CONDITIONS <small>Conditions contributing to the death but not related to the disease or condition causing death.</small>		<b>Arteriosclerosis, generalized and diabetes mellitus.</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>94th</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Heart</b>

22. I hereby certify that I attended the deceased from **June 6, 1949**, to **June 27, 1949**, that I last saw the deceased alive on **June 27, 1949**, and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>F.R. Bradley M.D.</b>	23b. ADDRESS <b>Barnes Hospital.</b>	23c. DATE SIGNED <b>6/27/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 29, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Vallhalla Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Saint Louis, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>JUN 28 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Foster</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert J. Ambruster</b>	ADDRESS <b>6633 Clayton Rd.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

AUG 10 1949

1949

*Handwritten signature*

OCT 18 1949

**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 *J. Allen Davis Jr* .....

Licensed Embalmer No. *4053* .....

P. O. Address .....

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.