No. 300
0.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 17 1949

28762

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 1897

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood
c. LENGTH OF STAY (in this place): 1½ days
d. FULL NAME OF HOSPITAL OR INSTITUTION: U.S.Marine Hospital, Kirkwood, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 2750 St. Vincent, St. Louis, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Myron
b. (Middle): Gene
c. (Last): Trimble

4. DATE OF DEATH (Month) (Day) (Year): August 7, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 11, 1926
9. AGE (In years last birthday): 22 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman Apprentice USN
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Navy
11. BIRTHPLACE (State or foreign country): Bonne Terre, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jesse Trimble
13b. MOTHER'S MAIDEN NAME: Carrie Martin
14. NAME OF HUSBAND OR WIFE: Marceline Trimble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): USN 3-8-48 to present
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: U. S. Marine Hospital, Kirkwood, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fractured skull — INTERVAL BETWEEN ONSET AND DEATH: 35½ hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c): 88166

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: 26

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Bonne Terre, Mo.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Francois County, Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): August 6, 1949 1:30 am
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile accident 94

22. *I hereby certify that I attended the deceased from* August 6, 1949, *to* August 7, 1949, *that I last saw the deceased alive on* August 7, 1949, *and that death occurred at* 1:03 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): V. J. Dorset, M.D.
23b. ADDRESS: 525 Couch Ave., Kirkwood, Mo.
23c. DATE SIGNED: 8-7-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-9-49
24c. NAME OF CEMETERY OR CREMATORY: National Cemetery
24d. LOCATION (City, town, or county) (State): Jefferson Barracks, Mo.

DATE REC'D BY LOCAL REG.: 8-8-49
REGISTRAR'S SIGNATURE: Herbert R. Hanks M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: L. H. Book

(Licensed Embalmer's Statement on Reverse Side)

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.