

No. 300
10.48

FILED JAN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41882

State File No. _____
Registrar's No. 221

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058

923

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

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Charles</u> <u>0923</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1900 North 2nd St</u>		d. STREET ADDRESS (If rural, give location) <u>998 Pine St</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Hugo</u>	b. (Middle) <u>W</u>	c. (Last) <u>Trampe</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Dec. 18 1950</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 5 1889</u>	9. AGE (In years last birthday) <u>61</u>	10. UNDER 1 YEAR Months <u>5</u> Days <u>13</u>	11. UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Of his kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Appliance</u>	11. BIRTHPLACE (State or foreign country) <u>St Louis County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Wm Trampe</u>	13b. MOTHER'S MAIDEN NAME <u>Elenore Lueking</u>	14. NAME OF HUSBAND OR WIFE <u>Cora Prigge Trampe</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>490-32-5787</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cora Trampe</u>	ADDRESS <u>998 Pine St St Charles Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u> <u>3 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cardiac infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery disease</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4-201</u>	

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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Jan, 1946, to 12/18, 1950, that I last saw the deceased alive on 12/18, 1950, and that death occurred at 1 P m., from the causes and on the date stated above.

22a. SIGNATURE <u>George S. Kistner, M.D.</u> (Degree or title)	22b. ADDRESS <u>St Charles Mo</u>	22c. DATE SIGNED <u>12-21-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 21 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St Charles Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec 28 1950</u>	REGISTRAR'S SIGNATURE <u>Francis Hamilton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hochmann Bone Inc.</u>	ADDRESS <u>St. Charles, Mo.</u>
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FILE No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 30 1950

RECEIVED

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 Frederic W. Bone

Signed _____
Student Embalmer

Licensed Embalmer No. 4607

P. O. Address St. Charles, 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.