

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **11165**

FILED APR 3 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 669

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Koch (rural)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION Robert Koch Hospital		3. STREET ADDRESS (If rural, give location) 1859 South 10th St.	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Hooper c. (Last) Travis			4. DATE OF DEATH (Month) (Day) (Year) March 13, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 4-11-11	9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Taxicab CO.	11. BIRTHPLACE (State or foreign country) Paris, Tennessee	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME William Travis	13b. MOTHER'S MAIDEN NAME Lena Clymer	14. NAME OF HUSBAND OR WIFE Lela Asher, divorced
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 498-10-7048	17. INFORMANT'S SIGNATURE OR NAME Hospital Records, Robt. Koch Hosp.	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic pulmonary tuberculosis		INTERVAL BETWEEN ONSET AND DEATH >
	ANCECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 002X	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) _____
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 2-27- 1951, to 3-13- 1951, that I last saw the deceased alive on 3-13- 1951, and that death occurred at 5:05A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edles J. Lipitz M.D.	23b. ADDRESS Robert Koch Hospital	23c. DATE SIGNED 3-13-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal R.R.	24b. DATE 3-15-51	24c. NAME OF CEMETERY OR CREMATORY Paris Tennessee Cem.	24d. LOCATION (City, town, or county) (State) Paris Tennessee
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DATE REC'D BY LOCAL REG. 3/15/51	REGISTRAR'S SIGNATURE Herbert R. Bomker	25. FUNERAL DIRECTOR'S SIGNATURE SUEDMEYER & SON'S	ADDRESS 3934 N. 20 Street
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
(0.48)

JUN 29 1951

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

Neville B. Truhwetter

Licensed Embalmer No. *3696*

P. O. Address *3934 N. 20th St.*

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.