

FILED APR 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13599

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5983 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Iowa</b> b. COUNTY <b>Unkn</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Fort Leonard Wood, Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Cedar Rapids</b> <b>814.0</b>	
c. LENGTH OF RESIDENCE (Specify) <b>8 1/2 yr</b>		d. STREET ADDRESS (If rural, give location) <b>1135 Hubbard Ave, NE</b> <b>8</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>US Army Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Robert</b>	b. (Middle) <b>H.</b>	c. (Last) <b>Trapp</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 21 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct 21, 1923</b>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) <b>27</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Construction Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Iowa</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Herbert A. Trapp</b>	13b. MOTHER'S MAIDEN NAME (Deceased - Name Unknown)	14. NAME OF HUSBAND OR WIFE <b>Unis Trapp</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>Yes 21 Sep 50 to date</b>	16. SOCIAL SECURITY NO. <b>Unkn</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ERNEST W. GRUNEWALD, Maj MSC, USA Hosp, Ft Leonard Wood, Mo</b>	ADDRESS <b>Leonard Wood, Mo</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestion of Brain</b>		MEDICAL CERTIFICATION <b>Edema, Pulmonary</b> INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Alcoholism, Acute</b>		
	DUE TO (c) <b>Endocarditis, N.F.C., Mitral, Chronic</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>3220</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>(COUNTY) (STATE)</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 21 Apr, 19 51, to 21 Apr, 19 51, that I ~~did~~ saw the deceased alive on 21 Apr, 19 51, and that death occurred at 10:00p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>R. Welsh</b> <b>RICHARD A. WELSH, 1st Lt, MC</b>	(Degree or title) <b>0</b>	23b. ADDRESS <b>US Army Hosp, Ft Leonard Wood, Mo</b>	23c. DATE SIGNED <b>22 Apr 51</b>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>4/24/51</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Cedar Rapids, Iowa</b>
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DATE REC'D BY LOCAL REG. <b>4-25-51</b>	REGISTRAR'S SIGNATURE <b>Opal Key</b>	389	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter P. Hedges</b>	ADDRESS <b>Crocker, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 4-25-51  
Pulaski County Health Officer  
File Number  
Date Filed 4-25-51

OCT 25 1955

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 4265

P. O. Address Ocean, MD

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.