

FILED JUN 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21477

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5341

1. PLACE OF DEATH a. COUNTY		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 ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ANTHONY HOSPITAL		d. STREET ADDRESS (If rural, give location) 7143 VIRGINIA	
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) ARTHUR c. (Last) TRAPP		4. DATE OF DEATH (Month) (Day) (Year) JUNE: 8, 1951	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT. 11, 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 67
13a. FATHER'S NAME GEORGE TRAPP		13b. MOTHER'S MAIDEN NAME UNKNOWN	11. BIRTHPLACE (State or foreign country) KENTUCKY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 492-03-2271	12. CITIZEN OF WHAT COUNTRY? /
17. INFORMANT'S SIGNATURE OR NAME CLIFFORD STOKES		ADDRESS 7711 VIRGINIA, ST. LOUIS	
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) Cerebral Embolism  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio Vascular disease 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H43X	
22. I hereby certify that I attended the deceased from 4/20/51, 1951, to 6/8/1951, that I last saw the deceased alive on 6/8/51, 1951, and that death occurred at 11:20 P.M. from the causes and on the date stated above.			
23a. SIGNATURE (Egrees or title) R. Benjamin M.D.		23b. ADDRESS 7143 Virginia Avenue	23c. DATE SIGNED 6/11/51
24a. BURIAL OR CREMATION REMOVAL (Specify) BURIAL	24b. DATE JUNE 12, 1951	24c. NAME OF CEMETERY OR CREMATORY ST. TRINITY CEMETERY	24d. LOCATION (City, town, or county) (State) GREEN PARK & LEMAY FERRY ROAD
DATE RECD BY 1045 REG. JUN 1 1951		REGISTRAR'S SIGNATURE J. B. Foster	
25. FUNERAL DIRECTOR'S SIGNATURE C. HOFFMEISHER		ADDRESS 7814 S. BROADWAY ST. LOUIS, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student Embalmer No. ....

Signed

*Linus C. Hoffmeister*

Signed.....

Student Embalmer

Licensed Embalmer No. *3871*

P. O. Address *7814 S Broadway*

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.