

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30296

FILED SEP/9 - 1952

State File No. 2292  
Registrar's No. 2292

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 345		Registrar's No. 2292			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood		c. LENGTH OF STAY (in this place) 48 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood		4574			
d. FULL NAME OF HOSPITAL OR INSTITUTION 700 S Hanley Road				d. STREET ADDRESS (If rural, give location) 2015 McCready Ave.					
3. NAME OF DECEASED (Type or Print) JOSEPH		a. (First)		b. (Middle) TRUNK		c. (Last)			
4. DATE OF DEATH		9		1		1952			
5. SEX 0 Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 8/25/1871			
9. AGE (In years last birthday) 81		10. MONTHS 0		11. DAYS 6		12. HOURS & MIN. 6			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Baker		10b. KIND OF BUSINESS OR INDUSTRY Bakery		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Micheal Trunk		13b. MOTHER'S MAIDEN NAME ? Deitinger		14. NAME OF HUSBAND OR WIFE Ida Schmidt					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Adele Trunk 2015 McCready Maplewood					
18. CAUSE OF DEATH Enter only one cause for lines for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis				DUE TO (b) Cerebral Thrombosis				331X	
ANTECEDENT CAUSES 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				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)		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 7/1/52, 1952, to 9/1/52, 1952, that I last saw the deceased alive on 9/1/52, 1952, and that death occurred at 1:30 P.M. from the causes and on the date stated above.									
23a. SIGNATURE Charles C. Grace M.D. (Degree or title)				23b. ADDRESS 19 E. Lockwood Ave. W.G.		23c. DATE SIGNED 9/2/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 5		24b. DATE 9/4/52		24c. NAME OF CEMETERY OR CREMATORY Walnut Hill Cemetary		24d. LOCATION (City, town, or county) (State) Belleville Illinois			
DATE REC'D BY LOCAL REG. 9-3-52		REGISTRAR'S SIGNATURE Herbert J. Donkell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary 6633 Clayton Road					

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.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed *Ernest W. Killian*

Licensed Embalmer No. *4080*

P. O. Address.....

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.