S. No. 300
v. 10/48

FILED AUG 23 1952

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

State File No. 30326

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2158

**1. PLACE OF DEATH**
a. COUNTY: St. Louis County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Heights
c. LENGTH OF STAY (In this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Mary's Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: St. Genevieve Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ste. Genevieve
d. STREET ADDRESS (If rural, give location): UNKNOWN

005 0951 1

**3. NAME OF DECEASED** (Type or Print)
a. (First): Anthony
b. (Middle): Charles
c. (Last): Trautman

**4. DATE OF DEATH** (Month) (Day) (Year): Aug. 14--52

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Aug. 4, 1902
**9. AGE** (In years last birthday): 50 — If under 1 year: Months ___ Days ___ — If under 24 hrs.: Hours ___ Min. ___

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Crane operator
**10b. KIND OF BUSINESS OR INDUSTRY**: Mississippi Lime Co.
**11. BIRTHPLACE** (City and State or Foreign Country): Ste. Genevieve, Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Charles Trautman
**13b. MOTHER'S MAIDEN NAME**: Theresa Fleig
**14. NAME OF HUSBAND OR WIFE**: Ida Trautman

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): nil
**16. SOCIAL SECURITY NO.**: 494-09-4624
**17. INFORMANT'S SIGNATURE OR NAME**: Ida Trautman — ADDRESS: Ste. Genevieve, Mo.

**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) METASTATIC CARCINOMA TO LUNG — INTERVAL BETWEEN ONSET AND DEATH: ABOUT 4 MO

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) PRIMARY PROBABLY IN PANCREAS — UNCERTAIN
DUE TO (c) 157X

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 ☑ NO ☐

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* AUG. 6, 1952, *to* AUG. 14, 1952, *that I last saw the deceased alive on* AUG. 13, 1952, *and that death occurred at* 11:00 A.M., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Melvin J. Huber (Degree or title): M.D.
**23b. ADDRESS**: 634 N. Grand (3)
**23c. DATE SIGNED**: 8-15-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 8-15-52
**24c. NAME OF CEMETERY OR CREMATORY**: City
**24d. LOCATION** (City, town, or county) (State): Ste. Genevieve, Mo.

**DATE REC'D BY LOCAL REG.**: 8-15-52
**REGISTRAR'S SIGNATURE**: Herbert R. Domke MD
**25. FUNERAL DIRECTOR'S SIGNATURE** — ADDRESS: Albert H. Hoppe, 4700 Washington

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 16 19

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 J. Wm Bischler

Licensed Embalmer No. 3653

P. O. Address St Louis 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.