S. No. 300
V. 10.48

3

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

FILED DEC 4 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41290

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11086

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 810 E. Prairie Avenue 2094

3. NAME OF DECEASED (Type or Print): a. (First) LAWRENCE b. (Middle) HOWARD c. (Last) TRUNK

4. DATE OF DEATH (Month) (Day) (Year): November 21, 1953

5. SEX: Male D

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Sept. 21, 1914

9. AGE (In years last birthday): 39 | 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): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Carl Trunk

13b. MOTHER'S MAIDEN NAME: Florence E. Marsh

14. NAME OF HUSBAND OR WIFE: Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service): World War II

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME | ADDRESS: Mrs. Florence E. Trunk, 810 E. Prairie

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Internal Hemorrhage — Interval between onset and death: from

ANTECEDENT CAUSES (b) Ruptured Liver; suffered — Interval between onset and death: when

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) operated by deceased stud — Interval between onset and death: while

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing it. (c) car of Public Service Co. — Interval between onset and death: north

(c) fraud of about 6110 — Interval between onset and death: north

(c) Broadway about 922 — Interval between onset and death: am

(c) November 21, 1953 — Interval between onset and death: ____

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Accident

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 21 58 322 A.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: E8164

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 8:45 A.m., from the causes and on the date stated above.* 26

23a. SIGNATURE (Degree or title): Patrick J. Taylor Coroner

23b. ADDRESS: 1300 Clark

23c. DATE SIGNED: 11-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 24, 1953

24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

24d. LOCATION (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REG.: NOV 23 1953

REGISTRAR'S SIGNATURE: J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS: Stock Mortuaries, 2117 E. Grand

(Licensed Embalmer's Statement on Reverse Side)

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 Frank G. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand.

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.