

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43018**

BIRTH NO. **84052-54** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **21851**

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

1. PLACE OF DEATH a. COUNTY St. Louis County Mo			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 town) Richmond Heights		c. LENGTH OF STAY (in this place) 10 days	c. CITY OR TOWN St. Louis Mo		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			f. STREET ADDRESS (If rural, give location) 2409 N 23rd Str		
3. NAME OF DECEASED (Type or Print) a. (First) Darrell b. (Middle) Vernon c. (Last) Trumble			4. DATE OF DEATH (Month) (Day) (Year) Dec. 9 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH Nov. 2 1954		9. AGE (In years last birthday) 1 if UNDER 1 YEAR Months 7 Days 7 if UNDER 24 HRS. Hours 7 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Vernon Trumble		13b. MOTHER'S MAIDEN NAME Shirley Mae Lucas		14. NAME OF HUSBAND OR WIFE X X NONE X X	
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. NONE	17. INFORMANT'S SIGNATURE OR NAME VERNON TRUMBLE-2409 N. 23rd St.		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction				INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) secondary to ileus and diarrhea of Newborn				12 hrs.
	DUE TO (c) diarrhea of Newborn				2 wks.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 12-9-54		19b. MAJOR FINDINGS OF OPERATION No reason for clinical signs of obstruction			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 5705	
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 12-1 , 1954, to 12-9 , 1954, that I last saw the deceased alive on 12-9 , 1954, and that death occurred at 7 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE Raymond J. Leidner, M.D. (Degree or title)			23b. ADDRESS 35 N. Central Ave - Clayton		23c. DATE SIGNED 12-10-54
24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE Mon, Dec. 13 '54	24c. NAME OF CEMETERY OR CREMATORY Frieden's Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County	
DATE REC'D BY LOCAL REG 12/10/54	REGISTRAR'S SIGNATURE Hebeard R. ...		FUNERAL DIRECTOR'S SIGNATURE Henry Leidner Undertaking Co ADDRESS 2223 St. Louis Ave		

