

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17073

State File No.

FILED JUN 3 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4455**

1. PLACE OF DEATH
 a. COUNTY **Missouri**
 b. CITY (If outside corporate limits, write RURAL and give town or township) **St. Louis**
 c. LENGTH OF STAY (in this place) **12 hrs**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Mo. Pacific. Hosp. Ass'n**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri** b. COUNTY **ST. LOUIS**
 c. CITY OR TOWN **Jefferson Barracks**
 d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) **1050 Kilmer Ave.**

3. NAME OF DECEASED (Type or Print)
 a. (First) **Joseph** b. (Middle) **-** c. (Last) **TRAMMEL**
 4. DATE OF DEATH (Month) (Day) (Year) **May 18 '55**

5. SEX **M** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **M** 8. DATE OF BIRTH **Oct. 5, 1889** 9. AGE (In years last birthday) **65** If UNDER 1 YEAR: Months _____ Days _____ If UNDER 14 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Switchman** 10b. KIND OF BUSINESS OR INDUSTRY **Terminal *Railroad** 11. BIRTHPLACE (City and State or Foreign Country) **Eddyville, Ill.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Teresa Trammel**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give war or dates of service) **W.W.#1** 16. SOCIAL SECURITY NO. **102-12-6253** 17. INFORMANT'S SIGNATURE OR NAME **H.L. Trammel** ADDRESS **1041 VanNostrand Ave.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Myocardial Infarction** INTERVAL BETWEEN ONSET AND DEATH **14 Hours**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 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 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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **4201**

22. I hereby certify that I attended the deceased from **May 18, 1955**, to **May 18, 1955**, that I last saw the deceased alive on **May 18, 1955**, and that death occurred at **11:25 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Clement J. Sullivan** (Degree or title) **M.D.** 23b. ADDRESS **No. Pac. Hosp. Assn.** 23c. DATE SIGNED **5-19-55**

24a. BURIAL CREMATION REMOVAL (Specify) **Burial** 24b. DATE **5/23/55** 24c. NAME OF CEMETERY OR CREMATORY **National Cemetery** 24d. LOCATION (City, town, or county) (State) **Jefferson Brks, Mo.**

DATE REC'D BY LOCAL REG. **MAY 20 1955** REGISTRAR'S SIGNATURE **Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **Fendler Und. Co.,** ADDRESS **7420 Michigan Ave.**

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. G. Peterson*.....

Licensed Embalmer No. *37*.....

P. O. Address *7420 Me*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.