

XC-18 405 349
Reg. 7697 SL-5370

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17074

State File No. _____

318

1003

4071

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				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 township) OR TOWN 915 N. Grand, St. Louis, Mo.		c. LENGTH OF STAY (in this place) 29 days		c. CITY OR TOWN ST. LOUIS		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 Veterans Administration Hosp.				STREET ADDRESS (If rural, give location) 26 1458a Wright Street			
3. NAME OF DECEASED (Type or Print) a. (First) ELMER		b. (Middle) EDWARD		c. (Last) TRAUTMAN		4. DATE OF DEATH (Month) (Day) (Year) 5-6-55	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 6-20-1909	
9. AGE (in years last birthday) 45		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) Asphalt Floor Layer				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) ST. GENEVIEVE, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME Frank Trautman		13b. MOTHER'S MAIDEN NAME Mary LaRose		14. NAME OF HUSBAND OR WIFE Florence Trautman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) yes WW-2		16. SOCIAL SECURITY NO. 492 03 4812		17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, 915 N. Grand, St. Louis, 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) UREMIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSIVE CARDIO VASCULAR DISEASE 3 YRS. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 MOS.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443X			
22. I hereby certify that I attended the deceased from 4-7-55 , 19____, to 5-6-55 , 19____, and that death occurred at 12:10 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Donald L. Stoner				23b. ADDRESS M.D. VAH 915 N. Grand, St. Louis, Mo		23c. DATE SIGNED 5-6-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal motor		24b. DATE 5-7-55		24c. NAME OF CEMETERY OR CREMATORY St. Genevieve, Mo.		24d. LOCATION (City, town, or county) (State) St. Genevieve, Mo.	
DATE REC'D BY LOCAL REG. MAY 9 1955		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Southern Und. Co. ADDRESS 6322 S. Grand Blvd., St. Louis, Mo.			

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.....

Hadley P. Joeller Jr

Licensed Embalmer No.. 795

P. O. Address *St. Louis*

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.