

FILED JAN 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 42711

Registrar's No. 11135

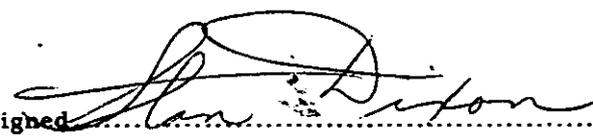
BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 42711		Registrar's No. 11135	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>St. Louis.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony Hospt.</u>				e. STREET ADDRESS (If rural, give location) <u>4724 a San Francisco A</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frederick</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Trappe</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12/18/55</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 25 1890</u>		9. AGE (In years last birthday) <u>65</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Credit Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Koppels Furn.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Farmington Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>Frederick Trappe</u>			13b. MOTHER'S MAIDEN NAME <u>Adaline Bequette</u>			14. NAME OF HUSBAND OR WIFE <u>Agnes T. Trappe</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>494-05-0031</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Agnes Trappe 4724 a San Francis</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Prostate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malignancy Bone of spine & ribs</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ch. Myocarditis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 wks +</u> <u>6 wks +</u> <u>6 wks +</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input 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) _____		21f. HOW DID INJURY OCCUR? <u>177 x</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from <u>12/5, 1953</u> to <u>12/18, 1953</u> that I last saw the deceased alive on <u>12/18/53</u> 19 <u>53</u> , and that death occurred at <u>7:50</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Robert D. Kinealy</u> (Degree or title) _____				23b. ADDRESS <u>5203 Cluff Ave</u>			23c. DATE SIGNED <u>12/19/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/21/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>DEC 20 1955</u>		REGISTRAR'S SIGNATURE <u>Carl Smith Mo</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert D. Kinealy 2228 St. Louis Ave</u>				

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 

Licensed Embalmer No. 4119

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.