No. 300
10-48

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

FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7164

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 322

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN Normandy, Mo.
c. LENGTH OF STAY (In this place) 48 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Normandy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY St. Louis
c. CITY OR TOWN Jennings 4000
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location) 2104 McLaran

3. NAME OF DECEASED (Type or Print)
a. (First) Clarence
b. (Middle) Trattles
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) Feb. 1 1957

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Sept. 16, 1919
9. AGE (In years last birthday) 37
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) set up man
10b. KIND OF BUSINESS OR INDUSTRY various
11. BIRTHPLACE (City and State or Foreign Country) North Dakota
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Clarence Trattles
13b. MOTHER'S MAIDEN NAME Marie Predersen
14. NAME OF HUSBAND OR WIFE Bernice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 475-10-8084
17. INFORMANT'S SIGNATURE OR NAME Bernice K. Trattles
ADDRESS

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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Uremic Pericarditis
DUE TO (c) Nephrosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-14-1956 *to* 2-1, 1957, *that I last saw the deceased alive on* 2-1, 1957, *and that death occurred at* 9:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Paul E. Wrane (Degree or title) D.O.
23b. ADDRESS 6401 W. Florissant
23c. DATE SIGNED 2-2-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-5-57
24c. NAME OF CEMETERY OR CREMATORY Memorial Park
24d. LOCATION (City, town, or county) St. Louis Co. (State) Mo

DATE REC'D BY LOCAL REG. 2-4-57
REGISTRAR'S SIGNATURE Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harrel-St. Louis
ADDRESS

(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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Warren A. Carve

Licensed Embalmer No. 35

P. O. Address S. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.