

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46396
STATE FILE NUMBER
11148
Registrar's No.

FILED DEC 30 1957

Registration District No. 318 Primary Registration District No. 1003

Health & Welfare
Public Health Service

S. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be carefully related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK ON RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN University City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hosp.		d. STREET ADDRESS (If outside, give location) 7056 Dover Ct.	
3. NAME OF DECEASED (Type or print) Laura Louise Trafton		4. DATE OF DEATH Nov. 19, 1957	
5. SEX Female	6. COLOR OR RACE White	8. DATE OF BIRTH Aug. 9, 1894	9. AGE (In years last birthday) 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George F. Goldberg		14. MOTHER'S MAIDEN NAME Annie Ermling	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		17. INFORMANT Address George W. Trafton, 7056 Dover Ct.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarct DUE TO (b) Left Bundle Branch Block DUE TO (c) Pylo nephritis pilularis PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Diabetes Mellitus			INTERVAL BETWEEN ONSET AND DEATH ? ?
20a. ACCIDENT SUICIDE HOMICIDE		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY		20d. INJURY OCCURRED	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 19 Nov. 1957 to 19 Nov. 1957 and last saw her alive on 19 Nov. 1957. Death occurred at 8:40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. L. Magness M.D.		22b. ADDRESS (City, town, or county) (State) St. Louis, Mo.	
22c. DATE SIGNED 21 Nov '57		23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	
23b. DATE 11-23-1957		23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	
23d. LOCATION (City, town, or county) (State) Normandy, Missouri		24. FUNERAL DIRECTOR ADDRESS 2504 Woodson Rd., Overland, Mo. Baumann Bros. Inc.	
25. DATE RECD. BY LOCAL REG. NOV. 21 1957		26. REGISTRAR'S SIGNATURE J. Lark Smith M.D. P.M.	

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 *David C. Gibson*

Licensed Embalmer No. *34*

P. O. Address *Overland*

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