

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019713

FILED MAY 18 1959

Registration District No. _____ Primary Registration District No. _____

STATE FILE NUMBER
Registration No. **4414**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission): a. STATE MO b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D. O. A. Home Phillips		Length of stay in lb.	d. STREET ADDRESS (If outside, give location) 4028 GREER		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIAM Middle Last TRAMMEL			4. DATE OF DEATH Month 5 Day 3 Year 59		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-1-1899		9. AGE (In years last birthday) 57 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) NEG. CLERK		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) JEFFERSON CITY MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME DAVE TRAMMEL		13b. MOTHER'S MAIDEN NAME ISABELLE JONES	
14. NAME OF HUSBAND OR WIFE ESSIE LEE TRAMMEL		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If yes, give war or dates of service))		16. SOCIAL SECURITY NO. 492-09-658	
17. INFORMANT ESSIE LEE TRAMMEL		Address 4028 GREER		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) 420.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchial Asthma	
INTERVAL BETWEEN ONSET AND DEATH Sev. Min.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Death occurred at 8:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.		21. I attended the deceased from 10-24-57 to 5-3-59 and last saw her alive on 5-1-59			
22a. SIGNATURE Bernard C. Randolph, M.D.		22b. ADDRESS 4903A Easton Avenue		22c. DATE SIGNED 5-4-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 5-7-59		23c. NAME OF CEMETERY WASHINGTON PARK	
23d. LOCATION (City, town, or county) (State) ST. LOUIS, COUNTY MO,		24. FUNERAL DIRECTOR Raymond J. Dubois		25. DATE RECD. BY LOCAL REG. MAY 5 '59	
26. REGISTRAR'S SIGNATURE Raymond Smith, M.D.					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Edward A. Flynn*

Licensed Embalmer No. *4444*

P. O. Address *4202 Fern*

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.