MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2162 STATE FILE NUMBER -63-009528

FILED MAR 8 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Lutheran Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 6003 Michigan Avenue — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: William Middle: James Last: Trimble

4. DATE OF DEATH: Month: February Day: 26 Year: 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/16/1910
9. AGE (last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Feeder man
10b. KIND OF BUSINESS OR INDUSTRY: Ralston Purina
11. BIRTHPLACE (City and state or country): Butler County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Virgil Trimble
13b. MOTHER'S MAIDEN NAME: Martha Huskey
14. NAME OF HUSBAND OR WIFE: Hildred

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hildred Trimble Address: 6003 Michigan, St. Louis

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	DISECTING ANEURYSM OF AORTA	2 DAYS
DUE TO (b)	ATHROSLEROSIS DORSAL AORTA	14 DAYS
DUE TO (c)	451X	

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): HYPERTENSIVE CARDIOVASCULAR DISEASE

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
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 Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 2/12/63 to 2/26/63 and last saw her/him alive on 2/25/63
Death occurred at 12:15 Am 2/26/63 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George A. Damon MD
22b. ADDRESS: 6500 CHIPPEWA
22c. DATE SIGNED: 2/26/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Feb. Mar. 1, 1963
23c. NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery
23d. LOCATION (City, town, or county) (State): Lemay, Mo.

24. FUNERAL DIRECTOR ADDRESS: C. Hoffmeister Mortuaries 7814 So. Broadway St. Louis, Mo.
25. DATE RECD. BY LOCAL REG.: FEB 26 1963
26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

Dr. George Damon
Now to 7 P.M.

6500 Chippewa
VE 2-8733

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.