

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1943

Registration District No. 2

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5019

17255

State File No.

Registrar's No. 67

1. PLACE OF DEATH:

(a) County... Andrew
(b) City or town... Rochester Township Rural #1.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Helena, Missouri.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... Not
In this community... 69 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME... Samuel Robert Trachsel

3. (b) If veteran, name war... No
3. (c) Social Security No... None

4. Sex... Male
5. Color or race... White
6. (a) Single, widowed, married, divorced... Widowed
6. (b) Name of husband or wife... Jenette C. Trachsel
6. (c) Age of husband or wife if alive... years
7. Birth date of deceased... February 28 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 2 23 hr. min.

9. Birthplace... Bern Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation... Farmer

11. Industry or business...

12. Name... Samuel R. Trachsel
13. Birthplace... Bern Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name... Magdalene Lempen
15. Birthplace... Bern Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant... Ernest W. Trachsel
(b) Address... R.R. #1, Helena, Missouri.

17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof... 5-23-1943
(Month) (Day) (Year)

(c) Place: burial or cremation... Helena Cemetery

18. (a) Signature of funeral director... Walter Meierhoff

(b) Address... 13th. & Farnon St., St. Joseph, Mo.

19. (a) 5-22-43 (Data received local registrar)
(b) J.H. Fitchman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Andrew
(c) City or town... Helena
(If outside city or town limits, write "RURAL")
(d) Street No... Rural #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... May day... 21st.
year... 1943 hour... 9:30 minute... P. M.

21. I hereby certify that I attended the deceased from... JANUARY 1 - 1943, to MAY 21 - 1943
that I last saw him alive on... MARCH 17 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death... Coronary Artery Occlusion
Duration... 10 minutes

Due to... Arterio Sclerosis

Due to...

Other conditions... (Include pregnancy within 3 months of death) 94a

Major findings: Of operations...

Of autopsy...

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)...

(b) Date of occurrence...

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury...

23. Signature... Dr. E. M. Reynolds (M. D. or other) M.D.

Address... Union Star Mo. Date signed 5-22-43.

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

1072

(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 embalmed by me, or by _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Geo E Daniel

Licensed Embalmer No. Missouri 3300

P. O. Address St. Joseph, Missouri.

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 this body is not embalmed, fact should be so stated above.