

REC'D JUL 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21377

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001 Registered No. 633
 (c) City St. Joseph, (d) Street No. 1114 Edmond St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 55 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louise Mary Trachsel, 624

(a) Residence, No. 1114 Edmond St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 1, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
81 6 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Minnesota,13. NAME Frederick Trachsel,14. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Switzerland,15. MAIDEN NAME Elizabeth Bringold,16. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Switzerland,17. INFORMANT Mrs. Emma Myers (ADDRESS) 1114 Edmond Street,18. BURIAL, CREMATION, OR REMOVAL PLACE St. Jo. Mem. Park DATE June 17, 193819. FUNERAL DIRECTOR Theater-Berold-Brown (ADDRESS) 319 So. 10th. Street, St. Joseph,20. FILED 6/17, 1938 J. H. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 193822. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1938 to June 16, 1938I last saw her alive on June 15, 1938 Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

Hemiplegia (Pt)
Cerebral Hemorrhage
 Date of onset 6/14/38

Other contributory causes of importance: 121

Sensibility
Arterio Sclerosis cerebral
Chr nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? May Spm Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 19____Where did injury occur? same (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury sameNature of injury same24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. H. Thompson, M. D.(Address) 825 Charles St. St. Joseph, Mo

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield

Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself June 16, 1938

L. E.

No. or by working under my personal supervision.

Registered Apprentice No.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

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.)