JUL 13 1939

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

22443
Do not use this space.

1. PLACE OF DEATH
(a) County Jefferson 1 Registration District No. 425
(b) Township Meramec Primary Registration District No. 5580 Registered No. 12-23
or
(c) City (d) Street No. 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 yrs. mos. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 650 PARKER EDWIN TRIM
(a) Residence, No. 5055 Cates Ave St. St Louis Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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 Unmarried
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21-1921
7. AGE YEARS 18 MONTHS 2 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Truck Helper
9. Industry or business in which work was done, as saw mill, bank, etc. Trucking Co
10. Date deceased last worked at this occupation (month and year) 6/20/39
11. Total time (years) spent in this occupation 1 Week

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

FATHER
13. NAME Samuel Trim
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarendon Arkansas

MOTHER
15. MAIDEN NAME Jennie Foulks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton Kansas

17. INFORMANT (ADDRESS) P. A. Keith 2317 Lafayette ave
18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis Mo DATE 6/27 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) McLaughlin Undertakers Lafayette Ave St Louis Mo
20. FILED 6/25 1939 James A Townsend Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/25/39, 19

22. I HEREBY CERTIFY, That I attended deceased from By holding Inquest June 25, 1939
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5P m.
The principal cause of death and related causes of importance were as follows:

Accidentally Drowning in Big River at Cedar Hill. Drowned while in Swimming

Date of onset

Other contributory causes of importance: abor A 500 ft below Old Bridge

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury June 25, 1939
Where did injury occur? Cedar Hill (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. public place
Manner of injury .....
Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Frank Frazier, Coroner M.D.
(Address) Festus, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X16603

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.