DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41716

Registration District No. 791

Primary Registration District No.

Registrar's No. 10839

1. PLACE OF DEATH: 2

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4218 W. Kosuth
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life Time
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")

(d) Street No. 4218 W. Kosuth
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Edward A. Trask 620

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charlotte Kenney Trask

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Dec. 23 (Month) 1874 (Day) (Year)

8. AGE: Years 64 Months 11 Days 24 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Retired Buyer 0

11. Industry or business Dept. Store 0

FATHER
12. Name Henry Trask
13. Birthplace St. Louis (City, town, or county) Mo. 1 (State or foreign country)

MOTHER
14. Maiden name Hannah Driscoll
15. Birthplace (City, town, or county) Mass. (State or foreign country)

16. (a) Informant's own signature Charlotte Trask
(b) Address 4218 W. Kosuth

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 20, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot Carroll
(b) Address 4600 Natural Bridge

19. (a) DEC 19 1939 (Date received local registrar) (b) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16th
year 1939 hour 8 minute A M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Valvular Disease	
Due to of Heart	
Due to Arterio Sclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 92a	

PHYSICIAN
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? (Specify type of place)
While at work? (f) Means of injury 4

23. Signature Joseph M. Lewis (M. D. or other)
Address Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

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. 2265

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.