S. No. 2
M—5-42
v. 5-17-39
1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 1 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35999

Registrar's No. 9670

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: BARNES HOSPITAL 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11-11-42 to 11-19-42 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEACESED: 949

(a) State OHIO (b) County 22

(c) City or town COLUMBUS RNR.
(If outside city or town limits, write "RURAL")

(d) Street No. 269 S. ARDMORE ROAD
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country L

3. (a) PRINT FULL NAME Miss Edna Marie Trapp

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased SEPT - 4 - 1893 (Month) (Day) (Year)

8. AGE: Years 49 Months 2 Days 15 If less than one day hr. min.

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

10. Usual occupation SECRETARY

11. Industry or business COLUMBIA WAREHOUSE

MOTHER FATHER

12. Name CHRISTIAN TRAPP

13. Birthplace OHIO (City, town, or county) (State or foreign country)

14. Maiden name LOUSIE TRAUTMAN

15. Birthplace OHIO (City, town, or county) (State or foreign country)

16. (a) Informant Clarence Trapp

(b) Address COLUMBUS, OHIO

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 11-20-42 (Month) (Day) (Year)

(c) Place: burial or cremation COLUMBUS, OHIO

18. (a) Signature of funeral director Culbin & Kelly

(b) Address 1416 N. Taylor ave

19. (a) NOV 20 1942 (Date received local registrar) (b) J. H. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 19 year 42 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from 11-11, 1942, to 11-19, 1942, that I last saw her alive on 11-19, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death perforated peptic ulcer — Duration 5 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations perforated duodenal ulcer

Of autopsy

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? (e) Means of injury

23. Signature F. W. Lange D (M. D. or other)

Address BARNES HOSPITAL Date signed 11-19-42

(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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.