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1-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12888

APR 19 1943
Registration District No. 318

Primary Registration District No. 1003

State File No. _____
Registrar's No. 3263

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

1. PLACE OF DEATH:

(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: FIRMIN DESLOGE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 0011
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 2219A BENTON TERRACE (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELIZABETH TRAPPE

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife JOHN TRAPPE 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased OCTOBER 29 - 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSEKEEPER

11. Industry or business OWN

MOTHER FATHER
12. Name FREDERICK HEARTING
13. Birthplace GERMANY
14. Maiden name BARBARA MARTIN
15. Birthplace MASCOUTAH ILL
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Alma Yaloures

(b) Address 2219A Benton Terrace

17. (a) BURIAL (b) Date thereof APRIL 7 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MASCOUTAH ILL.

18. (a) Signature of funeral director E. J. Schmitz

(b) Address 3125 Lafayette Ave

19. (a) APR 7 1943 (b) J. J. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 4
year 1943 hour 7 minute 45 p. M.

21. I hereby certify that I attended the deceased from 3 - 29 1943 to 4 - 4 1943
that I last saw her alive on 4 - 4 - 43, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured appendiceal abscess 2-29-43
Pelvic peritonitis

Due to Pelvic peritonitis

Due to Diabetes Mellitus
Cirrhosis Hepatitis

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)
Cirrhosis Hepatitis
Major findings: as above (3-30-43)

Of autopsy as above

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? _____

While at work? _____ (Specify type of place) _____ (b) Means of injury _____

23. Signature Albert Moseford (M.D. or other) _____
Address 2739 No Second St Date signed 4-6-43

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.....

Joseph B. Vollmer

Licensed Embalmer No. 4014

P. O. Address.....

3125 Lafayette Ave

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.