

MAY 22 1943

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 1134

1. PLACE OF DEATH:

(a) County... St. Louis
(b) City or town... Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
637 West Washington /
(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)

3. (a) PRINT FULL NAME Henry W. Trampe

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife... Lizzie Trampe 6. (c) Age of husband or wife if alive... years

7. Birth date of deceased... December 10, 1864 (Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 1 If less than one day .hr. .min.

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

10. Usual occupation... retired

11. Industry or business

MOTHER FATHER { 12. Name... Fred W. Trampe 13. Birthplace... Not known Germany (City, town, or county) (State or foreign country) 14. Maiden name... Not known 15. Birthplace... Not known Germany (City, town, or county) (State or foreign country)

16. (a) Informant... Carrie Grell (b) Address... 7440 Gravois

17. (a) burial (b) Date thereof... 5/14/43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Sunset Burial Park

18. (a) Signature of funeral director... J L Ziegenhein & Sons (b) Address... 7027 Gravois

19. (a) MAY 15 1943 (b) C. P. Mc... (Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County...
(c) City or town... St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4852 Hamburg (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th year 1943 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from 4-5 1943, to 5-11 1943, that I last saw him alive on 5-11-1943, and that death occurred on the date and hour stated above.

Immediate cause of death... Acute Coronary Failure Chronic Myocarditis - Mitral Stenosis

Due to... Acute Rheumatic infection Right Knee - P.L. Fracture 4 days

Due to... Congestive P. Testicular tumor - Prostatic tumor

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN Major findings: Of operations Of autopsy 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) (c) Means of injury
23. Signature... E. B. Waters (M. D. or other) Kirkwood, Mo. Date signed 5-12-43

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

FILED
26
4
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JUL 7 1953

OCT 1 1953

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 B. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Grandis

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 1134

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: _____
(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 _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry W. Trampe

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March
year 1943 minute _____ M.

4. Sex M 5. Color W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased Dec 10
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ to _____, 19____
that I or saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death acute cardiac failure, chronic myocarditis, mitral stenosis

8. AGE: Years 78 Months _____ Days _____ if less than one day _____ min.

Due to acute Rheumatic Infection Right Knee - R + L

Due to contributory cause, R. Testicular tumor

Other conditions (Include pregnancy within 3 months of death) Prostatic tumor

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

Major findings: Of operations No operation C.B.W.

Of autopsy No autopsy C.B.W.

Clinical diagnosis: Malignant

PHYSICIAN _____

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

22. If death was due to external causes, fill in the following: C.B.W.

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (Specify type of place)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)
(Date received local registrar)

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

23. Signature E. B. Waters (M.D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTAL

S-19129

JUN 2 1944