

S. No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33604

FILED OCT 22 1943 3/8
Registration District No. _____

Primary Registration District No. 1003

State File No. _____
Registrar's No. 8994

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital, Max Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 Days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 4709 Sacramento Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME District Frederick Trachte

3. (b) If veteran, name war _____
3. (c) Social Security No. 487-70-3038

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Goedde Trachte 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May 29th 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 65 4 12 hr. min.

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

10. Usual occupation Machinist

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Martha Trachte
(b) Address 4709 Sacramento Ave

17. (a) Burial (b) Date thereof 10/14/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

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

19. (a) OCT 12 1943 (b) J. J. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11,
year 1943 hour 2:45 minute P. M.

21. I hereby certify that I attended the deceased from September 14, 1943 to October 11, 1943
that I last saw him alive on October 11, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Prostatic pyelonephritis -
Carcinoma of Urinary Bladder
Due to _____
Due to _____
Other conditions Pneumonia
(Include pregnancy within 3 months of death)

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: Of operations As above
Of autopsy As above

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? _____

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

23. Signature H. T. Ford (M. D. or other) MD
Address 1515 Lafayette Avenue Date signed 10/11/43

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

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

Frank H. Street

Licensed Embalmer No. 22657

P. O. Address. 4609th Bridge on

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.