

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1948
158

Registration District No. 158

Primary Registration District No. 5590

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

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town RURAL BIG RIVER TOWNSHIP
(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 13 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JEFFERSON

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH TRAMPER

3. (b) If veteran, name war PHILIPPINE ISLANDS

3. (c) Social Security No. _____

4. Sex MALE 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 May 1 - 1975
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 6

If less than one day _____ hr. _____ min.

9. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business FARM WORK

12. Name JOHN TRAMPIER

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

14. Maiden name JOSEPHINE PINE

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

16. (a) Informant Anna Mary Sedlak

(b) Address House Springs Mo

17. (a) BURIAL (b) Date thereof JAN 13 - 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL SOL JEFF. BARRACKS

18. (a) Signature of funeral director John Brummer

(b) Address House Springs Mo.

19. (a) 1-12-47 (b) Kathleen Masaden
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 7
year 1948 hour 11 minute _____ M.

21. I hereby certify that I attended the deceased from INQUEST
JAN. 9 1948 to _____, 19____

that I last saw him _____ alive on _____, 19____

and that death occurred on the date and hour stated above.

Immediate cause of death Carotid artery laceration - homicide at hands of Ferdinand H. Pieper

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 167

Of operations _____

Of autopsy Hemorrhage of liver, lungs, abdomen

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

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

(b) Date of occurrence January 7, 1948

(c) Where did injury occur? Subville Jefferson Mo
(City or town) (County) (State)

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

While at work? _____ (Specify type of place)

(e) Means of injury sharp instrument

23. Signature J. Brummer - Acting Coroner (M. D. or other) _____
Address House Springs, Mo Date signed 1-9-48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1.11

FEB 11 1948

FEB 3 - 1948

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..... *Donald B. Dietrich*
Licensed Embalmer No. *4104*
P. O. Address..... *Delatores*

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.