

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10684

FILED MAR 24 1952

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1944**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri,</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3423 Wisconsin Ave.,</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b> <b>2249</b>	
d. STREET ADDRESS <b>3423 Wisconsin,</b> <b>24</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
3. NAME OF DECEASED (Type or Print) <b>Cora</b>		a. (First) <b>Cora</b>	b. (Middle)
		c. (Last) <b>Traupel</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>February 27, 1952</b>
5. SEX <b>Female,</b>	6. COLOR OR RACE <b>White,</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed,</b>	8. DATE OF BIRTH <b>October 20, 1867</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home,</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>84</b> <input checked="" type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> YEAR <input type="checkbox"/> IF UNDER 24 HRS. <input type="checkbox"/> Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min.
11. BIRTHPLACE (State or foreign country) <b>Trenton, Illinois,</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>George Gleich,</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Zahn,</b>	14. NAME OF HUSBAND OR WIFE <b>August W. Traupel,</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Nellie Ahrens,</b> ADDRESS <b>3423a Wisconsin Ave.,</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>de dilation of heart</b> ANTECEDENT CAUSES <b>chronic callos - rosacea</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Hodgkin's Disease</b> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>several years</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4:21 P.M.</b>	
22. I hereby certify that I attended the deceased from <b>12-16, 1951,</b> to <b>2-27, 1952,</b> that I last saw the deceased alive on <b>2-27, 1952,</b> and that death occurred at <b>5:45 A.M.,</b> from the causes and on the date stated above.			
23a. SIGNATURE <b>Erwin S. Mueller M.D.</b> (Degree or title)		23b. ADDRESS <b>75x Lemay Ferry Rd</b>	23c. DATE SIGNED <b>2/29/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal,</b>	24b. DATE <b>3/1/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park,</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>FEB 29 1952</b> <b>J. Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.</b>		

WRITE PLAINLY—USING 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

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.,  
St. Louis, 18, Mo.

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.