

FILED SEP 16 1954

STANDARD CERTIFICATE OF DEATH

State File No. 32281
Registrar's No. 7988

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7988	
1. PLACE OF DEATH a. COUNTY 310				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 5 yrs		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3863 West Pine Blvd.				e. STREET ADDRESS (If rural, give location) 3863 West Pine Boulevard			
3. NAME OF DECEASED (Type or Print)		a. (First) Emma		b. (Middle) Traband		c. (Last) Traband	
4. DATE OF DEATH (Month) (Day) (Year) 8 - 28 - 1954		5. SEX Fem		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH 3 - 26 - 1877		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer		10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis		11. BIRTHPLACE (City and State or Foreign Country) Lebanon, Illinois		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Henry Traband		13b. MOTHER'S MAIDEN NAME Lena Campe		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 497-09-9789		17. INFORMANT'S SIGNATURE OR NAME Mrs. S. L. Wessel, Lebanon, Ill.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION ANTECEDENT CAUSES HYPERTENSIVE CARDIOVASCULAR DISEASE Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE	
II. OTHER SIGNIFICANT CONDITIONS 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 checked="" type="checkbox"/>	
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? 443X			
22. I hereby certify that I attended the deceased from 4-6, 1954 , to 8-28, 1954 , that I last saw the deceased alive on 6-26, 1954 , and that death occurred at 6PM m., from the causes and on the date stated above.							
23a. SIGNATURE Drehmann Bailey (Degree or title) MD				23b. ADDRESS 707 West 3rd Bldg #1114		23c. DATE SIGNED 8-30-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/31/54		24c. NAME OF CEMETERY OR CREMATORY College Hill Cem.		24d. LOCATION (City, town, or county) (State) Lebanon, Illinois	
DATE REC'D BY LOCAL REG. AUG 30 1954		REGISTRAR'S SIGNATURE J. Earl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Drennan Bailey 11:00 - 1
1114 Mo. Theatre Bldg

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.....
Signature of Student Embalmer

Signed.....
Albert R. Thompson Jr.

Licensed Embalmer No. 423

P. O. Address.....
St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.