

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32282  
Registrar's No. 7827

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

**1. PLACE OF DEATH**  
a. COUNTY \_\_\_\_\_

**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) \_\_\_\_\_

c. CITY OR TOWN **ST. LOUIS** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. LOUIS CITY HOSPITAL** No. STREET ADDRESS (If rural, give location) **2301 MINNESOTA 2169**

**3. NAME OF DECEASED**  
a. (First) **CHARLES** b. (Middle) **EMIL** c. (Last) **TRAUTMAN**

**4. DATE OF DEATH** (Month) (Day) (Year) **August 21, 1954**

**5. SEX** **MALE** **6. COLOR OR RACE** **WHITE** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** **DIVORCED** **8. DATE OF BIRTH** **AUG 7-1896** **9. AGE** (In years last birthday) **58** # UNDER 1 YEAR Months \_\_\_\_\_ # UNDER 1 YEAR Days \_\_\_\_\_ # UNDER 1 YEAR Hours \_\_\_\_\_ # UNDER 1 YEAR Min. \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **SALESMAN- CLOTHING** **10b. KIND OF BUSINESS OR INDUSTRY** \_\_\_\_\_ **11. BIRTHPLACE** (City and State or Foreign Country) **MISSOURI** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A**

**13a. FATHER'S NAME** **WILLIAM T. TRAUTMANN** **13b. MOTHER'S MAIDEN NAME** \_\_\_\_\_ **14. NAME OF HUSBAND OR WIFE** **UNKNOWN**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) \_\_\_\_\_ **16. SOCIAL SECURITY NO.** \_\_\_\_\_ **17. INFORMANT'S SIGNATURE OR NAME** **Emma Ehrmann** **ADDRESS** **3926 Minnesota**

**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.

**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Carcinoma of Gall Bladder**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Complete Common Duct Obstruction**  
DUE TO (c) \_\_\_\_\_

**II. OTHER SIGNIFICANT CONDITIONS**  
Conditions contributing to the death but not related to the disease or condition causing death.

**INTERVAL BETWEEN ONSET AND DEATH** \_\_\_\_\_

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** \_\_\_\_\_ **20. AUTOPSY?** YES  NO

**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  NOT WHILE AT WORK  **21f. HOW DID INJURY OCCUR?** **155X**

**22. I hereby certify that I attended the deceased from** **7-29-54**, 19\_\_\_\_, to **8-21-54**, 19\_\_\_\_, that I last saw the deceased alive on **8-21-54**, 19\_\_\_\_, and that death occurred at **7:10 P. M.**, from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title) **Richard F. Jette M.D.** **23b. ADDRESS** **1515 Lafayette Avenue** **23c. DATE SIGNED** **8-22-54**

**24a. BURIAL, CREMATION, REMOVAL** (Specify) **BURIAL** **24b. DATE** **AUG 26-1954** **24c. NAME OF CEMETERY OR CREMATORY** **S-S-PETER + PAUL-COM** **24d. LOCATION** (City, town, or county) (State) **ST. LOUIS MO**

**DATE REC'D BY LOCAL REG.** **AUG 24 1954** **REGISTRAR'S SIGNATURE** **J. Carl Smith, M.D.** **5, P. (Licensed Embalmer's Statement on Reverse Side)** **25. FUNERAL DIRECTOR'S SIGNATURE** **Thomas Ratis** **ADDRESS** **2906 Gravia**

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.....  
Signature of Student Embalmer

Signed..... *Harmer C. Dill*

Licensed Embalmer No. *434*

P. O. Address *2906*

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.