

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39306**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10260**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		STREET ADDRESS (If rural, give location) 24 3445 Ohio Ave.	

3. NAME OF DECEASED (Type or Print) ROSE		a. (First) _____ b. (Middle) _____ c. (Last) TRACHSEL-TRAXEL		4. DATE OF DEATH (Month) (Day) (Year) Nov. 12 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov. 14, 1867	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Gottlieb Urfer		13b. MOTHER'S MAIDEN NAME Catherine Unknown		14. NAME OF HUSBAND OR WIFE Charles Trachsel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Agnes Kramer ADDRESS 3310 Itaska St.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebro-vascular accident		INTERVAL BETWEEN ONSET AND DEATH 8h	
ANTECEDENT CAUSES		DUE TO (b) Myocardial infarction		3 days	
		DUE TO (c) Arteriosclerotic heart disease		1 yr	
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 checked="" type="checkbox"/> NO <input 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? 4200	

22. I hereby certify that I attended the deceased from June 19 1954, to Nov 19 1954, that I last saw the deceased alive on Nov 19 1954, and that death occurred at 6:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Pauline Trachsel</i> (Degree or title) MD		23b. ADDRESS 5203 Chippewa		23c. DATE SIGNED 11/12/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Nov. 15, 1954		24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D BY LOCAL REG. NOV 12 1954		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshausler ADDRESS 4228 S. Kingshighway Bl.	
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3.P. (Licensed Embalmer's Statement on Reverse Side)

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

