

FILED SEP 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27402**

BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **4461** Registrar's No. **253**

440

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

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCOIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. FRANCOIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BISMARCK</b>		c. CITY OR TOWN <b>BISMARCK</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>LIFE</b>		e. STREET ADDRESS (If rural, give location) <b>0940</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ALFRED</b>	b. (Middle) <b>d</b>	c. (Last) <b>TRAUERNICHT</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 31, 1955</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Sept. 7, 1881</b>	9. AGE (In years last birthday) <b>73</b>	10. UNDER 1 YEAR <b>11</b>	11. HOURS <b>34</b>	12. MIN. <b>34</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>E.P. ENGINEER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>SAME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Irondale, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Robert Trauernicht</b>	13b. MOTHER'S MAIDEN NAME <b>MARY Brennecke</b>	14. NAME OF HUSBAND OR WIFE <b>@ Live Trauernicht</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>@ Live Trauernicht</b>	ADDRESS <b>BISMARCK, MO</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
*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)		
	ANTECEDENT CAUSES		
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <b>Langestine Heart Failure</b>		
	DUE TO (c) <b>Deep Hypertension</b>		
	II. OTHER SIGNIFICANT CONDITIONS		
	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>None</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>None</b>
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22. I hereby certify that I attended the deceased from **Aug 31, 1955** to **Aug 31, 1955**, that I last saw the deceased alive on **Aug 31, 1955** and that death occurred at **9:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Kenneth Lake</b>	(Degree or title) <b>D.O.</b>	23b. ADDRESS <b>BISMARCK, MISSOURI</b>	23c. DATE SIGNED <b>9-1-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>9-3, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MASONIC CEM BISMARCK, MO.</b>	24d. LOCATION (City, town, or county) (State) <b>BISMARCK, MO.</b>
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DATE REC'D BY LOCAL REG. <b>Sept. 1, 1955</b>	REGISTRAR'S SIGNATURE <b>Ethel Rudloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>SHIPMAN &amp; SONS</b>	ADDRESS <b>BISMARCK, MO.</b>
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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 *John N. Sherman*  
Licensed Embalmer No. *488*  
P. O. Address *Bismarck*

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.