

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5442**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **160** PRIMARY REG. DIST. NO. **559** Registrar's No. **34**

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Jefferson County</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b> |  |
| b. CITY (If outside corporate limits, write RURAL, and give name of township)<br><b>Easton, Mo</b> |  | c. CITY OR TOWN<br><b>St. Louis</b>   | d. In Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place)<br><b>2 weeks</b>  |  | e. STREET ADDRESS (If rural, give location)<br><b>4938 Loughborough A ve. 2009</b>                                    |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Mountain View N.H.</b>                               |  |   |  |

|                                     |                             |                          |                           |   |
|-------------------------------------|-----------------------------|--------------------------|---------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First)<br><b>Edward</b> | b. (Middle)<br><b>E.</b> | c. (Last)<br><b>Trapp</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>March 3rd, 1956</b> |
|-------------------------------------|-----------------------------|--------------------------|---------------------------|---|

|                       |                                  |  |  |  |  |   |
|-----------------------|----------------------------------|--|--|--|--|---|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>Feb. 11, 1889</b> | 9. AGE (In years last birthday)<br><b>67</b> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 4 HRS.<br>Hours _____ Min. _____ |
|-----------------------|----------------------------------|--|--|--|--|---|

|   |   |   |   |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Sheet Metal</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Sheet Metal</b> | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Missouri</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
|---|---|---|---|

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME<br><b>Andrew Trapp</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Mina Kusche</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Louise Fisher</b> |
|---|---|---|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year or unknown) (If yes, give war or dates of service)<br><b>no</b> | 16. SOCIAL SECURITY NO.<br><b>unknown</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Louise Trapp</b> | ADDRESS<br><b>St. Louis, Mo.</b> |
|---|---|--|----------------------------------|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>12 hrs.</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>   |  |  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |

|                        |   |   |
|------------------------|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><b>331x</b> | 20. AUTOPSY?<br>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) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from **2-25-1956**, to **3-3-1956**, that I last saw the deceased alive on **3-3-1956**, and that death occurred at **6:45 A.M.**, from the causes and on the date stated above.

|  |                               |  |                                   |
|--|-------------------------------|--|-----------------------------------|
| 23a. SIGNATURE<br><b>M. D. Donnell</b> | (Degree or title) <b>M.D.</b> | 23b. ADDRESS<br><b>Crystal City, Mo.</b> | 23c. DATE SIGNED<br><b>3-3-56</b> |
|--|-------------------------------|--|-----------------------------------|

|   |                            |  |  |
|---|----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> | 24b. DATE<br><b>3-6-56</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Resurrection Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co., Mo.</b> |
|---|----------------------------|--|--|

|   |   |   |                                |
|---|---|---|--------------------------------|
| DATE REC'D BY LOCAL REG.<br><b>3-3-56</b> | REGISTRAR'S SIGNATURE<br><b>John G. [Signature]</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>J.L. Ziegenhein &amp; Sons</b> | ADDRESS<br><b>7027 Gravoie</b> |
|---|---|---|--------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

MAR 13 1956

DATE RECEIVED

MAR 7 1956

MAR 9 1956

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.....  
*Donald E Berry*

Licensed Embalmer No. 4463

P. O. Address 7027 Berry

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.