SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

-61-042975

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11425

AMENDED

FILED DEC 12 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Luke's Hospital — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis

c. CITY OR TOWN: Lemay — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 638 Reavis Barracks Rd. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First HENRY Middle H. Last TRAUTMAN

4. DATE OF DEATH: Month Dec. Day 7 Year 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 8-20-1898

9. AGE (last birthday): 63 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ass't. Mgr., Revenue Dep't.

10b. KIND OF BUSINESS OR INDUSTRY: -Anheuser Busch Inc.

11. BIRTHPLACE (City and state or country): Chicago, Ill.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Martin Trautman

13b. MOTHER'S MAIDEN NAME: Matilda Unknown

14. NAME OF HUSBAND OR WIFE: Emilia B. Trautman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

17. INFORMANT: Emilia B. Trautman Address: 638 Reavis Barracks Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Ruptured Aortic Anurysm — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arterio Sclerosis General — 5 yrs

DUE TO (c) 451X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 1952, to Nov 1961 and last saw him alive on Nov 16-1961

Death occurred at 4:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Alvah G Heideman MD

22b. ADDRESS: 508 N Grand

22c. DATE SIGNED: 12-7-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Dec. 9, 1961

23c. NAME OF CEMETERY OR CREMATORY: Resurrection Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

24. FUNERAL DIRECTOR ADDRESS: Kriegshauser 4228 S. Kingshighway Blvd.

25. DATE RECD. BY LOCAL REG.: DEC 7 1961

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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 R.W. Storeand

Licensed Embalmer No. 4007

P. O. Address St. Louis M

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.