

FILED FEB 29 1944

Registration District No. _____

Primary Registration District No. 3061

Registrar's No. 96

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Flat River, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Flat River, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. Glendale
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mr. William A. Trauernicht

3. (b) If veteran, name war _____

3. (c) Social Security No. 493-08-9515

4. Sex Male 5. Color or White

6. (b) Name of husband or wife Sarah Jones Trauernicht 6. (c) Age of husband or wife if 56 years

7. Birth date of deceased September 7 1881
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Farmington, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Employ. op. of Lead Co.

11. Industry or business Lead Mines

12. Name Mr. John Trauernicht

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Terabinger

15. Birthplace Flat River, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Sarah Trauernicht

(b) Address Glendale St. Flat River, Mo.

17. (a) Burial (b) Date thereof Jan. 20 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park View Farmington

18. (a) Signature of funeral director Alvin W. Hall

(b) Address 302 Crane St. Flat River, Mo.

19. (a) Jan. 19 1944 (b) B. Y. Die Bismarck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17th
year 1944 hour 9:45 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 15, 1941, to Feb. 15, 1942, that I last saw him alive on Jan. 17, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolus Duration _____

Due to _____

Due to _____

Other conditions Arterio sclerosis
(Include pregnancy within 3 months of death)

Major findings: 838

Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence Jan. 17, (death)

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury? _____

23. Signature Theodor Paul (M.D. or other) D.O.
Address Flat River, Mo. Date signed Jan. 19 44

APR 24 1944

RECEIVED

District Health Officer No. 4
District File Number 24-3296
Date Filed 2-5-44

APR 18 1944

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Alvin W. Hood*

Licensed Embalmer No. 2780

P. O. Address *Flat River, Missouri*

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 this body is not embalmed, fact should be so stated above.