

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County St. Louis  
Township St. Raphael  
City Stenton Mo.

Registration District No. 785  
Primary Registration District No. 6036  
Stenton Missouri

File No. 21706  
Registered No. 140 (140)  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert Trexler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 22 1902</u>		
7. AGE	YEARS <u>34</u>	MONTHS <u>2</u>
	DAYS <u>17</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home</u>	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		
FATHER	13. NAME <u>Unknown Strauss</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Robert Trexler</u> <u>1720 Tower Grove</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Cathala Crematory June 12 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Miss Robert</u> <u>1905 70 Grand Ave</u>		
20. FILED <u>6-10</u> 19 <u>34</u> <u>Annie J. Emale</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1933 to June 9 1934  
last saw her alive on June 3 1934 Death is said to have occurred on the date stated above, at 11:45 A.M.  
The principal cause of death and related causes of importance were as follows:  
Myocardial Stenosis  
Arteriosclerosis  
92W  
Date of onset 1930  
Other contributory causes of importance  
Acute Bright's disease  
Name of operation no Date of \_\_\_\_\_  
What test confirmed diagnosis? Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) W. Salisbury M. D.  
(Address) 3258 Lafayette

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

ML 21

2035

OCT 26 1954

St Louis Co.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Elizabeth Trexler
Who died at \_\_\_\_\_ on June 9 - 1934
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_
Sex F Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 34 Months 2 Days 17

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_
Birthplace (State or country) \_\_\_\_\_
Birthplace of father (State or country) \_\_\_\_\_
Birthplace of mother (State or country) \_\_\_\_\_
Principal cause of death: \_\_\_\_\_

Other contributory causes of importance Acute Brights disease (Cause not known doctor advises me)
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_
If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_
Where did injury occur? \_\_\_\_\_
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury \_\_\_\_\_
Nature of injury \_\_\_\_\_
Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_
If so, specify \_\_\_\_\_
Name of physician Dr. Salesbury
Address of physician 3258 Lafayette

Signature of Registrar Agnes C. Kelly Date filed Oct 31 - 1934
This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours, E.T. McLaugh
State Registrar
Reg. Dist. No. 785
Primary Reg. Dist. No. 6031
Special Agent.

COMMUNICATIONS SECTION  
U.S. AIR FORCE  
COMMUNICATIONS CENTER  
WRIGHT-PATTERSON AIR FORCE BASE  
DAYTON, OHIO 45433

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SECRET

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