

Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town 3547 SO 2ND ST. ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3547 SO 2ND ST. 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 3 MONTHS
years, months or days

3. (a) PRINT FULL NAME JAMES C. TRENT
(b) If veteran, name war NO
(c) Social Security No. NO

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced 1
(b) Name of husband or wife MARY TRENT
(c) Age of husband or wife if alive 73 years
7. Birth date of deceased: FEB. 15 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>9</u>	<u>3</u>	hr. _____ min. _____

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

10. Usual occupation RETIRED

11. Industry or business _____

MOTHER FATHER
12. Name JAMES TRENT
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Trent
(b) Address 4370 Washington Ave.

17. (a) Burial (b) Date thereof NOV. 19 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eminence MO.

18. (a) Signature of funeral director Duncan Funeral Home

(b) Address Mountain View mo.

19. (a) NOV 19 1942 (b) J. F. Beedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County SHANNON 101
(c) City or town EMMINENCE NR 9
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18
year 1942 hour 3 minute AM M.
21. I hereby certify that I attended the deceased from AUG-2
1942 to Nov-18 1942
that I last saw him alive on Nov-17-1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration 2 1/2 yrs

Due to Hypertension

Due to _____

Other conditions Chr. Hypertension?
(Include pregnancy within 3 months of death)

Major findings: 92%
Of operations _____
Of autopsy _____
PHYSICIAN _____

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

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(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 W. D. Stewart (M. D. or other) _____
Address Crane MO Date signed 11/18/42

JUN 17 1930

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.....
.....
working under my personal supervision.

Registered Apprentice No.....

Signed *William J. Herons*

Licensed Embalmer No. *4319*

P. O. Address *St Louis Mo*

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.