

FILED OCT 2 - 1943 318

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4505a Morganford Road
(If not in hospital or institution, write street number or location)
 (d) Length of stay: in hospital or institution _____
(Specify whether)
 In this community Life
years, months or days

3. (a) PRINT FULL NAME Ida H. Tretter
3. (b) If veteran, name war --
3. (c) Social Security No. 489-07-970

4. Sex Female **5. Color or race** White
6. (a) Single, widowed, married, Married
divorced
6. (b) Name of husband or wife Arthur Tretter
6. (c) Age of husband or wife if 43
alive years
7. Birth date of deceased May 2, 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>4</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Forelady, Elder Mfg. Co
13th & Lucas Sts.

MOTHER FATHER

11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Tretter
(b) Address 4505a Morganford Rd.

17. (a) Burial **(b) Date thereof** 9 28 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Packer-Heldrich Nat Co
(b) Address 3634 Gravois Avenue

19. (a) SEP 28 1943 **(b)** J. F. Bralock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4505a Morganford Rd.
(If rural, give location)
 (e) Citizen of foreign country? -- (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25
 year 1943 hour 1 minute 05 P. M.
21. I hereby certify that I attended the deceased from June 10th 1941
 19 _____ to 9/25 19 43

that I last saw her alive on 9/25/43
 and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Occlusion

Due to Coronary Occlusion **Duration** 1 yr

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Myocardial Infarction
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 _____
 (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?

23. Signature Wm E Gosh 240 (M. D. or other) _____
Address Metropolitan Bldg
Date signed 9/27/43

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 Robert Wheeler

Licensed Embalmer No. 2128

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.