

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 48557
Registrar's No. 2816

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lamay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Foot of Arlee ave. / Boat Yard
(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)

3. (a) PRINT FULL NAME FRED TRESS
3. (b) If veteran, None name war _____
3. (c) Social Security No. 492-05-1693

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frances Tress
6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased 3 8 1914
(Month) (Day) (Year)

8. AGE: Years 29 Months 9 Days 9
If less than one day _____ hr. _____ min.

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

10. Usual occupation Electrician

11. Industry or business St. Boat & Engineering Co.

MOTHER { 12. Name William Tress
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Millie Grims
15. Birthplace Metropolis Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant William Tress
(b) Address Ft. of Davis St. St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director C. Hofmeister U. & L. Co.
(b) Address 7814 S. Broadway St. Louis, Mo.

19. (a) DEC 20 1943 (Date received local registrar)
(b) E. G. Mc Laran, M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Fenton, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15
year 1943 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Electric shock.
Duration _____

Due to Burn in palm of right hand and burn in palm of left hand.

Due to _____

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

Major findings: Of operations _____
Of autopsy Yes.
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) Accident

(b) Date of occurrence Dec. 15, 1943

(c) Where did injury occur? St. Louis Ship Bldg. & Steel Co.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial place.
(Specify type of place) (e) Means of injury _____

While at work? Yes

23. Signature N. L. Croy Deputy Coroner
(M. D. or other)
Address Kirkwood, Mo. 12016-43 Date signed _____

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

APR 23 1948

DEC 2 9 1947

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.....

Louis C. Hoffmeister....., Registered Apprentice No.....
working under my personal supervision.

Signed *Louis C. Hoffmeister*.....

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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.