

FILED SEP 16 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 7678

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: Christian Hospital
(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 LOUISE TREBILCOCK

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife John Trebilcock 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 25 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>5</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER {
 12. Name Julius Beyer
 13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant John Trebilcock
 (b) Address 4467 San Francisco Ave.

17. (a) Burial (b) Date thereof 9/7/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary
 18. (a) Signature of funeral director Stroot-Carroll
 (b) Address 4600 Natural Bridge Ave.

19. (a) SEP 5 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ood
 (c) City or town St. Louis 10/7
(If outside city or town limits, write "RURAL")
 (d) Street No. 4467 San Francisco Ave.
(If rural, give location) 9
 (e) Citizen of foreign country? _____ (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5
 year 1946 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug. 26th 1946 to Sept. 5th, 46
 that I last saw her alive on Sept. 4th, 46, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Respiratory Failure</u>	<u>6 hrs</u>
<u>Cerebral Hemorrhage</u>	<u>10 days</u>
<u>Hypertension</u>	<u>1 yr.</u>

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

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN [Signature]
 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? _____

While at work? _____
(Specify type of place) (a) Means of injury _____
 23. Signature [Signature] (M. D. or other) M.D.
 Address 3635 No. Newstead Ave Date signed 9/5/46

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

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 Albert Mayfield
Licensed Embalmer No. 3077
P. O. Address St Louis

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.