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X36671

FILED DEC 24 1946

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 10511

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4075 Concordia Ave
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4075 Concordia Ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME George Trinkler

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Irene Trinkler 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased April 30 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 7 7 hr. min.

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

10. Usual occupation Tobacco Worker Retired

11. Industry or business.....

12. Name Charles Trinkler 4

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Rickey Limestone

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Irene Trinkler

(b) Address 4075 Concordia Ave

17. (a) Burial (b) Date thereof 12-10-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Ziegenhain Bras

(b) Address 6409 Gravois Ave

19. (a) DEC 9 1946 (b) J. J. Bredebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th day December
year 1946 hour 7:22 minute A. M.

21. I hereby certify that I attended the deceased from 1945
to 1946, that I last saw him alive on 12/4/46
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Myocarditis-Chronic

Due to Hypertension

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

Major findings:
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?

While at work?..... (Specify type of place)
(c) Means of injury.....

Signature Charles G. Drake (M. D. or other).....
Address 3707 Gravois Date signed 12/13/46

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

MOTHER FATHER

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 Homer H. Jutz

Licensed Embalmer No. 3882

P. O. Address.....

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.