

THE DIVISION OF HEALTH OF MISSOURI

6908

STANDARD CERTIFICATE OF DEATH

State File No. _____

318

1003

1685

BIRTH NO. FILED MAR 11 1954 REG. DIST. NO. _____

PRIMARY REG. DIST. NO. _____

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City 7326</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. John's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>6534a Crest</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u> b. (Middle) <u>Boy</u> c. (Last) <u>Tretter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 20, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>February 19, 1954</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>--</u> Days <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Christian Tretter</u>		13b. MOTHER'S MAIDEN NAME <u>Meda McCadden</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Christian Tretter 6534a Crest</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity 5 1/2 mo gestation wt 1'9"</u> DUE TO (c) _____			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>7.76x</u>	

22. I hereby certify that I attended the deceased from Feb 19, 1954, to Feb 20, 1954, that I last saw the deceased alive on Feb 10, 1954, and that death occurred at 1:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. G. N. Lindeman M.D.</u>		23b. ADDRESS <u>4126th Sheer Dr.</u>		23c. DATE SIGNED <u>Feb 20 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/22/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter & Paul Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>					

DATE REC'D BY LOCAL REG. <u>FEB 23 1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gebken-Benz Mortuary 2842 Meramec St. St. Louis 18 Missouri</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Joe B. Benz
Licensed Embalmer No. 4249

N O E M B A L M I N G

P. O. Address 2842 Meramec St.
St. Louis 18 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.