No. 300
10.48

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

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2219

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ---------- RURAL Dardenne Twp
c. LENGTH OF STAY (In this place): ---
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ---

2. USUAL RESIDENCE (Where deceased lived. If institutions, residence before admission.)
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weldon Springs Rural-DARDENNE TWP
d. STREET ADDRESS (If rural, give location): ------- 0920

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle): William
c. (Last): Treisch

4. DATE OF DEATH (Month) (Day) (Year): Jan. 8 1955

5. SEX: male
6. COLOR OR RACE: white
7. ~~MARRIED, WIDOWED, DIVORCED~~ NEVER MARRIED, (Specify): 0
8. DATE OF BIRTH: Jan 17 1884
9. AGE (In years last birthday): 70 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Postal Clerk
11. BIRTHPLACE (State or foreign country): Weldon Springs Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Adam Ernst Treisch
13b. MOTHER'S MAIDEN NAME: Haupt
14. NAME OF HUSBAND OR WIFE: -------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Andrew Treisch Weldon Springs Mo.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis due to Arteriosclerosis — Interval between onset and death: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Senile Pulmonary Emphysema — 10 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 15, 19 54 *to* Jan 8, 19 55, *that I last saw the deceased alive on* Jan 4, 19 55, *and that death occurred at* 7:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. A. Reves M.D.
23b. ADDRESS: St. Charles, Mo.
23c. DATE SIGNED: Jan 11, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 11 1955
24c. NAME OF CEMETERY OR CREMATORY: St. John's
24d. LOCATION (City, town, or county) (State): Weldon Springs Mo.

DATE REC'D BY LOCAL REG.: Jan 11 - 55
REGISTRAR'S SIGNATURE: E A Keithley 280-0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: E A Keithley O'Fallon Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 1 1955

JAN 26 1955

APR 15 1955

FEB 3 1955

JUN 14 1955

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed E. A. Keithly

Signed.....
Student Embalmer

Licensed Embalmer No. 822

P. O. Address O'Fallon 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.