

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7317

State File No. ....

FILED MAR 5 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **1819**

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

1. PLACE OF DEATH a. COUNTY <b>Missouri</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>27 days</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Chronic Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>21370</b> <b>13 2103 Lilly Ave.</b>									
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ellis</b>			b. (Middle) <b>George</b>		c. (Last) <b>Treece</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2 20/1956</b>						
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>		8. DATE OF BIRTH <b>9/27/1863</b>		9. AGE (In years last birthday) <b>92</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>23</b>		IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Lumber Grader</b>				11. BIRTHPLACE (City and State or Foreign Country) <b>Cuba, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>George Treece</b>				13b. MOTHER'S MAIDEN NAME <b>Sarah Hamilton</b>				14. NAME OF HUSBAND OR WIFE <b>Emma</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Chronic Hospital, 5600 Arsenal</b> ADDRESS _____							
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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p style="text-align: center;"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senile Brain Disease</b></p>								INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>420.0</b>								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?									
22. I hereby certify that I attended the deceased from <b>1/25, 1956</b> , to <b>2/20, 1956</b> , that I last saw the deceased alive on <b>2/20, 1956</b> , and that death occurred at <b>10:00 a.m.</b> , from the causes and on the date stated above.													
23a. SIGNATURE <b>George M. Janaka, M.D.</b> (Degree or title)						23b. ADDRESS <b>5600 Arsenal</b>			23c. DATE SIGNED <b>Feb. 20, 1956</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2/21/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hamilton Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Cuba Missouri</b>							
DATE REC'D BY LOCAL REG. <b>FEB 20 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Ambruster Mortuary 6633 Clayton Road</b> ADDRESS _____							

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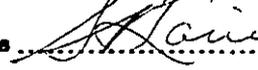
STATEMENT BY LICENSED EMBALMER

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.....  
Signature of Student Embalmer

Signed.....  


Licensed Embalmer No?.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.