

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

46889

STATE FILE NUMBER

FILED JAN 7 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3271

1. PLACE OF DEATH a. COUNTY <b>St Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St Louis</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Concord Village</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Concord Village</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rt 14 Box 450</b>		Length of stay in lb <b>5 Yrs</b>	d. STREET ADDRESS (If outside, give location) <b>Rt 14 Box 450</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Henry</b> Middle <b>G.</b> Last <b>Treuel</b>			4. DATE OF DEATH Month <b>Dec</b> Day <b>22</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 18 1883</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>4</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>St Louis Co Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Claus Treuel</b>			14. MOTHER'S MAIDEN NAME <b>Elizabeth Von Drahle</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs Norma Geitz</b> <b>Rt 14 Box 450 Affton 23 Mo.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis.</b>					INTERVAL BETWEEN ONSET AND DEATH <b>hr</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b>					<b>year</b>
DUE TO (c) <b>Arteriosclerosis</b> <b>4200</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <b>a. m.</b> Month, Day, Year <b>p. m.</b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>2-22-43</b> to <b>12-22-57</b> and last saw her alive on <b>12-16-57</b> Death occurred at <b>7</b> <b>PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Edward A. Westrup MD</i> (Degree or Title)			22b. ADDRESS <b>204 E. Big Bend</b>		22c. DATE SIGNED <b>12-26-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<b>Burial</b>	<b>Dec 26 1957</b>	<b>Sunset Burial Park</b>		<b>Affton Mo.</b>	
24. FUNERAL DIRECTOR <b>Fey Funeral Home, Mehlville Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-26-57</b>	26. REGISTRAR'S SIGNATURE <i>Herbert B. Donk MD</i>		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300  
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

arc

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.....  
*John J. Hayes*

Licensed Embalmer No. 410

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.