

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 21 1958

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY JEFFERSON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. b. COUNTY FRANKLIN

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - MERAMEC c. LENGTH OF STAY (in this place) 4 1/2 years

c. CITY OR TOWN WASHINGTON d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hill Infirmary

e. ADDRESS (If rural, give location) WEST MAIN STREET 03620

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) J. c. (Last) TRENTMANN

4. DATE OF DEATH (Month) (Day) (Year) JANUARY 9 1958

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE

8. DATE OF BIRTH SEPT. 30 1878

9. AGE (In years last birthday) 79 IF UNDER 1 YEAR: Months 3 Days 9 IF UNDER 4 HRS. Hour Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED

10b. KIND OF BUSINESS OR INDUSTRY CARPENTER

11. BIRTHPLACE (City and State or Foreign Country) WASHINGTON, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME LOUIS TRENTMANN

13b. MOTHER'S MAIDEN NAME KATHERINE HOLTMEIER

14. NAME OF HUSBAND OR WIFE SINGLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bro. Rudy St. Joseph's Hill Infirmary, Frankl.

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.

MEDICAL CERTIFICATION
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL ATHERIO-SCLEROTIC
ANTECEDENT CAUSES CARDIO. VASCULAR DISEASE
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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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) 334X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

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 7/1/53, 1953, to 1/9/58, 1958, that I last saw the deceased alive on 1/9/58, 1958, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. E. Warden M.D.

23b. ADDRESS St. Joseph's Hill Infirmary, Frankl.

23c. DATE SIGNED 1/9/58

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan. 11, 1958

24c. NAME OF CEMETERY OR CREMATORY St. Francis Borgia Cemetery, Washington, Mo.

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 1-11-58

REGISTRAR'S SIGNATURE Robert E. Bauer

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Nielburg & Vitt, Inc. Washington, Mo.

ADDRESS

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED
1-14-58

MAR 20 1958

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. 503 working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Vernon C. Vedder

Licensed Embalmer No. 503

P. O. Address Washington

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.