

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015864

STATE FILE NUMBER

2 3642

FILED MAY 1 1959

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3716-NO. MARKET-ST.		Length of stay in 1b LIFE	d. STREET ADDRESS (If outside, give location) 3716-NO. MARKET-ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ANNA TRENTMANN			4. DATE OF DEATH Month Day Year APR. 12 TH 1959		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY-7 TH 1880	9. AGE (In years last birthday) 78 YRS. 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) HOUSE-WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) ST. LOUIS - MO.	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME HENRY - KUHR		13b. MOTHER'S MAIDEN NAME ELIZABETH - WEIDEMEIER	14. NAME OF HUSBAND OR WIFE BERNARD - TRENTMANN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address BERNARD - TRENTMANN = 3716 NO. MARKET-ST.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIO-VASCULAR-RENAL ARTERIOSCLEROTIC DISEASE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 442x DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH
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"/>
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 Month, Day, Year a.m. p.m.					
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 on APRIL 9, 1959 to APRIL 12, 1959 and last saw her alive on APRIL 9, 1959 Death occurred at 10:15 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) J. M. Sandlman M.D.			22b. ADDRESS 3400 N. KINGSHIGHWAY		22c. DATE SIGNED 4/13/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE APR. 15 TH 1959	23c. NAME OF CEMETERY OR CREMATORY S.S. PETER & PAUL - CEMETERY		23d. LOCATION (City, town, or county) ST. LOUIS	(State) MO.
24. FUNERAL DIRECTOR ADDRESS Brockland Und Co. - 1827 HOGAN - ST.			25. DATE RECD. BY LOCAL REG. APR 14 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D. M. J. B.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Jas M Bentley*

Licensed Embalmer No. *3653*

P. O. Address *St. Louis 8 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.