

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS OCT 5 1959

59-034416

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's **2 8750**

RECEIVED

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		Length of stay in 1b 52 yrs	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2633 Tamm Avenue		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2633 Tamm Avenue
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ANTON Middle Last TRENTLER	4. DATE OF DEATH Month Sept. Day 22 Year 1959
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5. SEX male	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 11/14/1889	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) tailor - self	10b. KIND OF BUSINESS OR INDUSTRY tailoring	11. BIRTHPLACE (City and state or country) Austria-Hungary	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Dietrich Trentler	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Josephine Helbing
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Josephine Trentler, 2633 Tamm Ave
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Pancreas		INTERVAL BETWEEN ONSET AND DEATH 3 Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) wid metastases to liver	
	DUE TO (c) 157X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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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
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21. I attended the deceased from **Aug. 15, 1959** to **Sept 22, 1959** and last saw him alive on **Sept. 16, 1959**
 Death occurred at **4:00 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert Totashnick M.D.	22b. ADDRESS 3720 Washington	22c. DATE SIGNED 9/22/59
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE Sept. 24, 1959	23c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery
23d. LOCATION (City, town, or county) St. Louis County, Missouri		

24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F.H.CO.1936 St.Louis Ave	25. DATE RECD. BY LOCAL REG. SEP 23 '59	26. REGISTRAR'S SIGNATURE Earl Smith. M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

m80

Dr. Robert Potashnick
3720 Washington A ve.

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 Horner W. Jentz

Licensed Embalmer No. 3882

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.