LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8967

1. PLACE OF DEATH
County: St Louis — Registration District No.: 785 — File No.:
Township: — Primary Registration District No.: 3037 — Registered No.: 33
City: Kirkwood — No. 555, N Clay Av — St. — Ward)

2. FULL NAME: Louise Trieselman
(a) Residence. No. — St., — Ward.
(Usual place of abode) — (If nonresident give city or town and State)
Length of residence in city or town where death occurred — yrs. — mos. — ds. — How long in U.S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 20 1878

7. AGE — YEARS: 42 — MONTHS: — DAYS: — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Hudson
(STATE OR COUNTRY): N. Y.

PARENTS
10. NAME OF FATHER: George McArthur
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): N. Y.
12. MAIDEN NAME OF MOTHER: Caroline Webb
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): N. Y.

14. INFORMANT: E. N. Thomson
(Address): 5379 Cabanne Av St Louis Mo

15. FILED: 2/28 1920 — C A Dunnavant, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feby 27 1920

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ held an inquest ....., 19....., to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Epileptic Convulsion
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 10
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED: not known
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R B Denny Coroner M. D.
2-27, 1920 (Address) Creve Coeur Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Missouri Cremation — DATE OF BURIAL: Mch 1 1920

20. UNDERTAKER: C R Lupton — ADDRESS: 4449 Olive St

...that it may be properly classified. Exact statement of OCCUPATION is very important.

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City..... (No. ..... St. ..... Ward)

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(a) Residence. No..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.

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(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY)

14. INFORMANT .....
(Address)

15. FILED....., 19..... .....
REGISTRAR

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WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) R B Denny Coroner, M.D.

227, 1921 (Address) Crevecoeur Mo

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19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
	19
20. UNDERTAKER	ADDRESS