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

Do not use this space.

File No. 34950

Registered No. 9131

1. PLACE OF DEATH

County ..... Registration District No. 7811

Township ..... Primary Registration District No. 7811

City St. Louis (No. 4556, Washington St. ..... Ward)

2. FULL NAME Amalie Summa Treutler

(a) Residence, No. 4556 Washington St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr Oscar Edw Treutler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 2-1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	70	11	19.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bavaria Germany

FATHER

13. NAME Ulrich Summa

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Franciska Schreiber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs Robert de Violini
(ADDRESS) 4556 Washington

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mo. Crematory DATE Oct 24 1933

19. UNDERTAKER C. R. Lipton & Sons
(ADDRESS) 4449 Olive St

20. FILED OCT 23 1933 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-21 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1 1933, to Oct 21/33, 19.... I last saw h. alive on Oct 19 1933. Death is said to have occurred on the date stated above, at 12 14 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes, Coma Mellitus	
5 38	
59	57

Other contributory causes of importance:
Kidney Tumor
Malignant

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) F. B. Haeberle M. D.
(Address) 3206 Hebert St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Fred Halberle M.D.
3206 Hebert
Co; 8400
3-4 P.M.