

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.

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

Do not use this space.

JAN 20 1937

1. PLACE OF DEATH

County..... Registration District No. **791**

Township..... Primary Registration District No. **1008**

City **St. Louis, Mo.** (No.) **City Hospital #1** St. Ward)

2. FULL NAME **Francis Trieschmann**

(a) Residence, No. **1206 S. Jefferson Ave.** St. **22** Ward. (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.

46592
File No.
Registered No. **12383**

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 18, 1923**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	12	11	27	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **St. Henry's School**

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis,**
(STATE OR COUNTRY) **Missouri**

FATHER

13. NAME **Charles Trieschmann**

14. BIRTHPLACE (CITY OR TOWN) **St. Louis,**
(STATE OR COUNTRY) **Missouri**

MOTHER

15. MAIDEN NAME **Mary Oliver**

16. BIRTHPLACE (CITY OR TOWN) **LaSalle,**
(STATE OR COUNTRY) **Illinois**

17. INFORMANT **Mrs. Mary Trieschmann**
(ADDRESS) **1206 S. Jefferson Avenue**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Calvary Cem.** DATE **Dec. 18, 1936**

19. UNDERTAKER **Wm. J. Robert**
(ADDRESS) **1905 S. Grand Blvd.**

20. FILE **DEC 17 1936** **J. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 15, 1936**

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **11:15 P.M.**

The principal cause of death and related causes of importance were as follows:

tetanus, laceration of knee received in fall while at play public place 12/8/36

ACCIDENT

Other contributory causes of importance: **22**
Lobar Pneumonia

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide **Accident** Date of injury **12/8, 1936**
Where did injury occur? **Public Place**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Place

Manner of injury..... **See Above**

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....
(Signed) **Alfred J. Perry** M.D.
(Address) **Deputy Coroner**

