

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

Do not use this space.

1. PLACE OF DEATH **SEP 25 1937**
 County **St. Louis** *Ferguson Town* Registration District No. **333**
 Township **St. Ferdinand** Primary Registration District No. **4468**
 City **Ferguson** (No. **322 Marguerite Ave**) St. _____ Ward _____

2. FULL NAME **Infant Tretter**
 (a) Residence, No. **322 Marguerite Ave.**, 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.

File No. **31683**
 Registered No. **154**

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 16, 1937**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
STILL BORN

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

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) **Ferguson Mo.**

13. NAME **Geo. L. Tretter**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Meinard, Ind.**

15. MAIDEN NAME **Merle Verhoff**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kansas.**

17. INFORMANT **Geo. L. Tretter**
 (ADDRESS) **322 Marguerite Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Meramec Mo.** DATE **July 17, 1937**

19. UNDERTAKER **Geo. L. Fleitach Inc**
 (ADDRESS) **5966 Easton Ave**

20. FILED **8-17 1937** **W. A. Zeitler** Registrar
Per C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 16, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **8-16-1937** to **8-16-1937**
 I last saw him _____ alive on **Saturday** Death is said to have occurred on the date stated above, at **12:55 p.m.**

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

Partial separation of placenta
 Date of onset **5-0-37**

Other contributory causes of importance:
Placental separation

Name of operation _____ Date of _____
 What test confirmed diagnosis? **Clived** Was there an autopsy? **no**

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? **no**
 If so, specify _____
 (Signed) **Ray Johnson**, M. D.
 (Address) **Ferguson Mo.**

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.

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