

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

DEC 13 1937

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

39177  
 Do not use this space.

791  
 1008

Registered No. 10164

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis ..... (d) Street No. 2608 Virginia Ave. ..... St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Belle A. Tremlett

(a) Residence, No. 2608 Virginia Ave. ..... St. 17 .....  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-1, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1937, to 11-1, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3, 1865

I last saw h. or alive on Nov - 1 -, 1937. Death is said to have occurred on the date stated above, at 1:30 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
72 6 29

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

Myocarditis Chronic  
1937  
 Date of onset

12. BIRTHPLACE (CITY OR TOWN) Cairo (STATE OR COUNTRY) Illinois

Other contributory causes of importance:  
Nephritis Chronic Parench.  
Arterio-sclerosis

FATHER 13. NAME Unknown Crofton  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

Name of operation X Date of X  
 What test confirmed diagnosis? Clinical. Was there an autopsy? no

MOTHER 15. MAIDEN NAME Unknown Green  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

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

17. INFORMANT Harry W. Tremlett (ADDRESS) 2608 Virginia Ave.

Manner of injury X  
 Nature of injury X

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Pk DATE 11-1, 1937

19. FUNERAL DIRECTOR Kriegshauser Mortuaries (ADDRESS) 4628 So. Kingshighway

24. Was disease or injury in any way related to occupation of deceased? .....  
 If so specify X  
 (Signed) Harry J. Brookes, M. D.  
 (Address) 3557 S. Agate Ave

20. FILED NOV 2 1937  
J. Bredek  
 Local Registrar.

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed *Ronald G. Lohmann*

Licensed Embalmer No. *3395*

**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.)**