

DEC 28 1937

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

42532

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1170
(b) Township Jefferson Primary Registration District No. 6248-H Registered No. 236
(c) City Richmond Heights (d) Street No. _____
(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

Elizabeth Landvogt Trebus
(a) Residence, No. 112 Lake Forest Ave St. Richmond Heights
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Charles J. Trebus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 8 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as 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) St. Louis Mo

13. NAME Louis Landvogt

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

15. MAIDEN NAME Christina Waggoner

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

17. INFORMANT (ADDRESS) Carl J. Trebus

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens DATE Nov. 13, 1937

19. FUNERAL DIRECTOR (ADDRESS) Math. Hermann & Son 2161 East Fair Avenue

20. FILED Nov 12 1937 Saml W. Bassett, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Nov 11 1937 to Nov 11 1937
I last saw her alive on Nov 11 1937 Death is said to have occurred on the date stated above, at 11:15 A. M.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Nov 11 1937
Arterio Sclerosis
Other contributory causes of importance: None

Name of operation None Date of _____
What test confirmed diagnosis? Chimp 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) Arthur T. Depp M. D.
(Address) University Club Bldg

STATEMENT BY LICENSED EMBALMER

I, William G. Buchholz, Licensed Embalmer No. 2/118
hereby certify that the body recorded on the reverse side of this certificate was embalmed by William G. Buchholz,
Buchholz, L. E.
No. _____ or by _____, Registered Apprentice No. 2/110
working under my personal supervision.
Signed William G. Buchholz
Licensed Embalmer No. _____

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.)