

NOV 16 1938

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

34365
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **5070 Maple Ave.** Registered No. **9351**
(e) Length of residence in city or town where death occurred **20** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Annie Laurie Treslader**

(a) Residence, No. **5070 Maple Ave.** St. **12**
(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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Percy**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **SEPT. 12-1877**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 **1** **14**

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) **Hindsborough**
(STATE OR COUNTRY) **Vt.**

13. NAME **Not Ascertainable**

14. BIRTHPLACE (CITY OR TOWN) **Vt.**
(STATE OR COUNTRY)

15. MAIDEN NAME **Not Ascertainable**

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

17. INFORMANT **Elma Scott Williams**
(ADDRESS) **5070 Maple Ave;**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Delhi Vt.** DATE **10/28/38**

19. FUNERAL DIRECTOR (Name) **Harrigan & Sheahan Und Co**
(ADDRESS) **4415 Washington Blvd.**

20. FILED **OCT 28 1938** **J. F. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/26/38**

22. I HEREBY CERTIFY, That I attended deceased from **mech 15, 1938** to **Oct 26, 1938**
I last saw her alive on **Oct 26, 1938**. Death is said to have occurred on the date stated above, at **7 P. m.**

The principal cause of death and related causes of importance were as follows:
Pneumonia and Emphysema of lung following pneumonia lobar

Other contributory causes of importance:
acute myocarditis caused by lobar pneumonia

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) **J. W. Shaw**, M. D.
Pastor Berg
(Address) **St Louis 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.

*Dr. Wilson
Rm. 1344*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *Albert W. Hays*

Licensed Embalmer No. *1861*

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.