

DEC 21 1938

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

40191
Do not use this space.

1. PLACE OF DEATH

(a) County St Charles Registration District No. 257
(b) Township St Charles Primary Registration District No. 2036
(c) City St Charles (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.

Registered No. 173

2. PRINT FULL NAME

(a) Residence, No. 218 S Second St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Elba Treisch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 - 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 10 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoe worker
9. Industry or business in which work was done, as saw mill, bank, etc. Shoe Factory
10. Date deceased last worked at this occupation (month and year) Nov 28 - 38 11. Total time (years) spent in this occupation 32 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Co Mo

FATHER 13. NAME Adam Earnst Treisch

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

MOTHER 15. MAIDEN NAME Thekla Haupt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Co Mo

17. INFORMANT (ADDRESS) Mr Elba Treisch
218 S Second

18. BURIAL, CREMATION, OR REMOVAL PLACE Weldon Springs DATE Dec 17 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Cunningham + Thos
424 Jefferson St

20. FILED 11/26 1938 Clarence B. Nesbitt
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28 6 PM 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1938, to Nov 28, 1938.

I last saw him, alive on Nov 27, 1938. Death is said to have occurred on the date stated above, at L.A.M..
The principal cause of death and related causes of importance were as follows:

Date of onset 1936
Angina Pectoris
94 W
Other contributory causes of importance: General Arteriosclerosis
Name of operation None Date of _____
What test confirmed diagnosis? Signs & symptoms Was there an autopsy? Yes

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) A P Eerial Schindler, M. D.
St Charles Mo (Address) 1079

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.

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 _____

Licensed Embalmer No. _____

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.