

Registration District No. 1791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5230 Ridge Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME Caroline Treffert

3. (b) If veteran, name was None 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Late Joseph Treffert 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 7th 1860  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>11</u>	<u>17</u>	hr. _____ min.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

MOTHER FATHER { 12. Name Unknown

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Florene Treffert  
(b) Address 5230 Ridge Ave.

17. (a) Burial (b) Date thereof 10-27-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuary  
(b) Address 4228 So. Kingshighway

19. (a) NOV 25 1939 (b) J. F. Decker  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5230 Ridge Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24th  
year 1939 hour 8:40 minute \_\_\_\_\_ P.M. M.

21. I hereby certify that I attended the deceased from Oct. 5 - 1939  
to Oct 24 - 1939  
that I last saw her alive on Oct. 24 - 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic  
cardiac degeneration

Due to acute nephritis and

Due to arthritis following  
heart condition - terminal

Other conditions Senility  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. P. Murphy M.D. (M. D. or other) \_\_\_\_\_

Address 2616 N. Humphreys Date signed 10-28-39

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

*Edwin M. Bernatt*

Licensed Embalmer No. 3024

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.**