

Registration District No. 791
1002 Primary Registration District No. 1002

RECD NOV 13 1939

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mrs. Parkers Nursing Home. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Mo.
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis, 12
(If outside city or town limits, write "RURAL")
(d) Street No. 4630 McMillan, Ave.,
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME ELIZABETH SILVER TRELOAR. 646

3. (b) If veteran, name war none 3. (c) Social Security No. 115-782

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William M. Treloar. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased OCT 17 1855
(Month) (Day) (Year)

8. AGE: Years 84 Months 0 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation ml 1

11. Industry or business _____

MOTHER FATHER
12. Name HENRY A. SILVER 1
13. Birthplace MARYLAND
(City, town, or county) (State or foreign country)
14. Maiden name HANNAH JANE GALDRETTA
15. Birthplace MARYLAND
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Percy Treloar
(b) Address Chicago, Ill.

17. (a) Burial (b) Date thereof 10/28/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.,

19. (a) OCT 27 1939 (b) J. F. Bridest
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27 year 1939 hour 6 minute a M.

21. I hereby certify that I attended the deceased from Aug 1 1939 to date 1939
that I last saw her alive on Oct 25 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration _____
Chronic

Due to Senility

Due to _____

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

Major findings: Of operations No operations

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) _____
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature John C. Brown (M. D. or other) _____
Address 457 E Washington Date signed Oct 27

PHYSICIAN
Underline the cause to which death should be charged statistically.

WHILE PRINTING—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

1 X19511

4518 Washington
F.O. - 0450
2-4 P.M.

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.....

Don Muechany....., Registered Apprentice No. 219
working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis Mo.

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.