DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8969
Registrar's No. 2452

Registration District No. 791 Primary Registration District No. 1003

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: 304 E. Davis St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 304 E. Davis St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Caroline Emma Trenz
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bruno Trenz
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Feb. (Month) 27 (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
57	--	16	hr. min.

9. Birthplace Waterloo (City, town, or county) Illinois (State or foreign country)
10. Usual occupation At Home
11. Industry or business

FATHER
12. Name Louis Stumpf
13. Birthplace New Hanover (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Lisette Taake
15. Birthplace New Hanover (City, town, or county) Illinois (State or foreign country)

16. (a) Informant's own signature Bruno Trenz
(b) Address 304 E. Davis St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 15, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Waterloo, Ills.
18. (a) Signature of funeral director J. H. Gebken & Co.
(b) Address 2630 Gravois Ave.
19. (a) MAR 13 1940 (Date received local registrar) (b) J. F. Gebken (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th year 1940 hour 12 minute 20 A. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Apoplexy
Of autopsy

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

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

23. Signature (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—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.

MARGIN RESERVED FOR BINDING

50M-5-17-39
Rev. 5-17-39
1 X1951

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

Robert F. Gebken, Registered Apprentice No. 187,

working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec St. 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.