

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9172

State File No. _____

Registrar's No. **2655**

Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
4104 Hartford
(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)

3. (a) PRINT FULL NAME **Jane Trebilcock**

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 **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **October 28 1874**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 4 21
hr. min.

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

10. Usual occupation **Bookbinder**

11. Industry or business _____

12. Name **John Trebilcock**

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

14. Maiden name **Fannie White**

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

16. (a) Informant **Emily Warrington**

(b) Address **4104 Hartford**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3-22-1940**
(Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus**

18. (a) Signature of funeral director **Shumaker & Co.**

(b) Address **3013 Meramec**

19. (a) **MAR 21 1940** (Date of death) (b) _____ (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4104 Hartford**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **20**
year **1940** hour **3.25** minute **A. M.**

21. I hereby certify that I attended the deceased from **October 19, 1939** to **March 20, 1940**
that I last saw her alive on **March 20, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Carcinoma of Uterus and Metastasis through whole abdominal cavity.**

Due to **Secondary Anemia due to Carcinoma.** Duration: **Unknown.**

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

Operation: **- March 20, 1940.**

Major findings: **Carcinoma of uterus and Metastasis through whole abdominal cavity.**

Duration
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? _____

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

23. Signature **[Signature]** (M. D. or other) _____
Address **3606 Linn** Date signed **3/20/40**

3606
Kane 7890

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.....

Gary J. Deliaulault
working under my personal supervision.

Registered Apprentice No. _____

Signed *Gary J. Deliaulault*

Licensed Embalmer No. *2986*

P. O. Address *3013 W. Warner*

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.