

2-40
7-39
K23159
DEC 7-1940

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Affton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8443 Valcour
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community life _____ years, months or days) 2

3. (a) PRINT FULL NAME Elizabeth Treuel

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 Henry Treuel 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased August 30, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 2 29 _____ hr. _____ min.

9. Birthplace St Louis County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles Pruetzel

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

14. Maiden name Marie Hertel

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

16. (a) Informant Henry Treuel

(b) Address 8443 Valcour

17. (a) burial (b) Date thereof 12/2/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John R. Ziegenhagen & Howard
(b) Address 21027 Grays

19. (a) DEC 2 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town Affton
(If outside city or town limits, write "RURAL")
(d) Street No. 8443 Valcour
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29th
year 1940 hour 4 minute 50 P. M.

21. I hereby certify that I attended the deceased from Jan 16, 1932 to Nov 29, 1940
that I last saw her alive on Nov 29, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration 5 days
uremia

Due to Chronic interstitial nephritis 8 yrs

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

Major findings: _____ PHYSICIAN
Of operations _____ Underline the cause to which death should be charged statistically.
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?

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

23. Signature [Signature] (M. D. or other) _____
Address Saffington Mo Date signed 12/2/40

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

MOTHER FATHER

6
6

40

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.....

G. P. Kidwell
.....
Licensed Embalmer No. *3877*

P. O. Address *7027 Grand*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.