

No. 2
1-4-41
1-17-39
X 28390.

FILED JUL 21 1941 751
Registration District No. _____

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:
6038a Southwest 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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **317**

(d) Street No. **6038a Southwest Ave.**
(If rural, give location) **9**

(e) Citizen of foreign country? **0** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Harry A. Treaster**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mae Treaster**

6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **Feb. 11th 1868**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	3	22	hr. _____ min.

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

10. Usual occupation **Elevator Operator**

11. Industry or business _____

12. Name **Andrew Treaster**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mae Treaster**

(b) Address **6038a Southwest Ave.**

17. (a) **Burial** (b) Date thereof **6-5-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Kriegshauser Mortuaries**

(b) Address **4228 So. Kingshighway Blvd.**

19. (a) **JUN 3 - 1941** (b) **J. H. Breckin**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **2nd**
year **1941** hour **12:15** minute **P.M.** 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 **Carbon Monoxide Poisoning self administered, when he was found seated in Pontiac Sedan, in garage in rear of his home, 6038a Southwest Ave., June 2nd, 1941, about 12.15 P.M.**

Due to _____

Due to **SUICIDE.**

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

Major findings: **1631**
Of operations _____

Of autopsy **104**

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) **SUICIDE**

(b) Date of occurrence **6/2/1941**

(c) Where did injury occur? **St. Louis, Mo.**
(City or town) (County) (State)

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

(Specify type of place) _____
While at work? _____ Means of injury **3**

23. Signature **Thomas J. Callanan** (M. D. or other) _____

Address **Deputy Coroner** Date signed **6/3/41**

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. Gerwitz

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, fact should be so stated above.