

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

MILU SEP 8 1942
Registration District No. 784

Primary Registration District No. 509

Registrar's No. 1749

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood
(c) Name of hospital or institution: 3411 Oxford
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. L.
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 3411 Oxford
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Treston
3. (b) If veteran, name war NO
3. (c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month AUG. day 17
year 1942 hour 5 minute 15 P. M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, Divorced Widowed
6. (b) Name of husband or wife Richard Treston 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 19, 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 15 1942 to Aug 17 1942
that I last saw _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 6 Days 28 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral hemorrhage Duration 3 day

9. Birthplace Kirkwood, Mo. (City, town, or county) (State or foreign country) 0

Due to _____
Due to arterio sclerosis _____

10. Usual occupation Housewife

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

11. Industry or business _____

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

MOTHER FATHER { 12. Name ? Condon
13. Birthplace Ireland (City, town, or county) (State or foreign country) 4
14. Maiden name Unknown
15. Birthplace Ireland (City, town, or county) (State or foreign country) 4

16. (a) Informant Anna Stecker
(b) Address 7617 Manchester

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? _____

17. (a) Burial (b) Date thereof 8-20-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

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

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

23. Signature [Signature] (M. D. or other) _____
Address 3500 Cambridge Date signed 8/18/42

19. (a) AUG 18 1942 (b) C. E. Mc [Signature]
(Date received local health officer) (Registrar's signature)

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 J. J. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.