

FILED DEC 1 1942 18

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **9688**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Little Sisters 5-3400 S. Grand Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **17 yrs.**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **12**
(c) City or town **3 St. Louis and Blvd. 9 16**
(If outside city or town limits, write "RURAL")
(d) Street No. **3400 S. Grand**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **John Trefney**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 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 **June 24 1859**
(Month) (Day) (Year)

8. AGE: Years **83** Months **4** Days **25** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Stone mason**

11. Industry or business _____

MOTHER: FATHER

12. Name **John Trefney Sr.**

13. Birthplace **Bohemia 8**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Dollar**

15. Birthplace **Bohemia 8**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph Trefney**

(b) Address **4651 Cecil Place**

17. (a) **Burial** (b) Date thereof **11/21/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cemetery**

18. (a) Signature of funeral director **John Trefney Sr.**

(b) Address **3013 Meramec St.**

19. (a) **NOV 20 1942** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **18**
year **1942** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **9 hr. to 11:15 hr.**
that I last saw him alive on **Nov 17 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiovascular Renal Disease**

Due to **Arterio Sclerosis**

Due to _____

Other conditions (include pregnancy within 3 months of death) **131**

Major findings: Of operations _____

Of autopsy **131**

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) (M. D. or other)

23. Signature **J. F. Bredeck** (M. D. or other) _____
Address **Union Club Bldg.** Date signed **11/19/42**

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

STATEMENT BY LICENSED EMBALMER

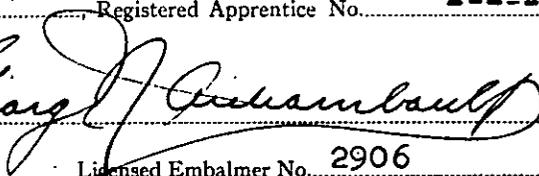
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. **2906**

P. O. Address **3013 Meramec**

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.