

FILED JAN 6 1944

Registration District No. **3060**

Primary Registration District No. **3060**

Registrar's No. **365**

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

1. PLACE OF DEATH:

(a) County St. Francois Co

(b) City or town Farmington, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 1 1/2 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Michael Trieg

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married 2 divorced widow

6. (b) Name of husband or wife Michel Trieg

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

7. Birth date of deceased April 15-1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>7</u>	<u>20</u>	min.

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

10. Usual occupation _____

11. Industry or business None

MOTHER FATHER

12. Name Houat or Counts

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

14. Maiden name Mary Parker

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

16. (a) Informant Mrs. Alice Krieg

(b) Address Farmington Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7 43
(Month) (Day) (Year)

(c) Place: burial or cremation M.P. Farmington Mo

18. (a) Signature of funeral director W. J. ...

(b) Address Farmington Mo

19. (a) Dec. 6-1943 (Date received local registrar) (b) Byadie Bukmaster (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois

(c) City or town Farmington
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 5
year 1943 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Nov 29 1943 to Nov 29 1943
that I last saw her alive on Nov 29 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis
Pulmonary edema

Due to General Senility

Due to _____

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

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: 934

Of operations _____

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? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature W. J. ... (M. D. or other) 17643

Address Farmington Date signed _____

DRIVED

District Health Officer No. 4
District File Number 144-3111
Date Filed 1-5-44

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.....
..... me, Registered Apprentice No.....
working under my personal supervision.

Signed *C. H. Cozian*
Licensed Embalmer No. 4084
P. O. Address Farmington Me

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.