

S. No. 2
M-5-42
7. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9542
Registrar's No. 2568

FILED MAR 27 1944
Registration District No. 318

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 Saint Louis and Blvd.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Memorial Home, 2609 S. Grand Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 years
In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town Saint Louis 17
(If outside city or town limits, write "RURAL") 917
(d) Street No. 2609 S. Grand
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William J. Tremlett
(b) If veteran, name war No
(c) Social Security No. --

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 16
year 1944 hour 3 P.M. minute _____ M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Mary Tremlett
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 17, 1852
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 4 1944 to March 16 1944
that I last saw him alive on March 16 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
91 11 29 _____ hr. _____ min.

Immediate cause of death _____ Duration _____
Pulmonary Edema 5 days
Due to Chronic Myocarditis 1 yr
Due to Arteriosclerosis 2 yrs

9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business Restraurant owner
12. Name John Tremlett
13. Birthplace England (City, town, or county) (State or foreign country)
14. Maiden name Mary Hodder
15. Birthplace England (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 93
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
16. (a) Informant Mrs. S. Shaw
(b) Address 2609 S. Grand Blvd.
17. (a) Burial (b) Date thereof Mar. 18, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery
18. (a) Signature of funeral director Craig Mortuary
(b) Address 4468 Washington Blvd., 8.
19. (a) MAR 17 1944 (Date received local registrar)
J. Hodder (Registrar's signature)

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) (e) Means of injury _____
23. Signature W. D. Aufenthaler (M. D. or other) M.D.
Address 3108 Adelphi Date signed 3/17/44

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

Signed *Philip M. Leary*
Licensed Embalmer No. *3281*
P. O. Address. *4468 Washington St*

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

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