S. No. 2
DM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 3 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19186

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1178

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9009-Sherwood-DAUGHTERS-HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 15 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mi Missouri (b) County St. Louis
(c) City or town Overland, Mo. 96
(If outside city or town limits, write "RURAL")
(d) Street No. Ashby & Lackland Rd. 13
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Amelia S. Trythall
3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced Wid. 9
6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Sept. 27 (Month) 1868 (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	7	26	____ hr. ____ min.

9. Birthplace Memphis Tenn. (City, town, or county) 1 (State or foreign country)
10. Usual occupation Housework
11. Industry or business Home
FATHER
12. Name Fred Jentges
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs. Theo. Melville
(b) Address 9009-Sherwood, Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-44 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles, Cem.
18. (a) Signature of funeral director Baumann Bros Inc
(b) Address 2504 Woodson Rd Overland Mo
19. (a) MAY 27 1944 (Date received local registrar) (b) C. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1944 hour 4 minute 00 A. M.
21. I hereby certify that I attended the deceased from 5/17, 1944, to 5/21, 1944 that I last saw her alive on 5/21/44, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Thrombophlebitis, femoral	1 mo. 1 wk
Due to Varicose Veins	(years)
Due to	
Other conditions Chr myocarditis (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93d
Of autopsy

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature John O'Connell (M. D. or other)
Address Overland, Mo. Date signed 5/24/44

(Licensed Embalmer's Statement on Reverse Side)

JUN 19 194

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo

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.