

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2854 A. Osage
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 58-7-27 years, months or days)

3. (a) PRINT FULL NAME Amelia Trigg
3. (b) If veteran, name war no 3. (c) Social Security No. none
4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lee Roy 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Oct 19th, 1885
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis MO.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____
12. Name John Bayer
18. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Schmidt
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lee Roy Trigg
(b) Address 2854 A. Osage

17. (a) burial (b) Date thereof 6-19-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director W. Schumacher
(b) Address 3013 Meramec

19. (a) JUN 16 1944 (b) J. Z. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2854 A. Osage
(If rural, give location)
(e) If foreign born, how long in U. S. A. no years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 15
year 1944 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb. 29, 1944 to June 15, 1944
that I last saw her alive on June 13, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 6 months
Due to Advanced arteriosclerosis Indefinite

Due to _____
Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings: 61
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)
28. Signature Chas. O. Metz (M. D. or other)
Address 3102 So. Grand Date signed 6/15/44

See next

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..... *Francis O. Williams*
..... Licensed Embalmer No. *3265*
..... P. O. Address *St Louis*

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, above space should be left blank.