S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27315

State File No.

FILED AUG 25 1944

Registration District No. 42 — Primary Registration District No. 1008 — Registrar's No. 846

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Meth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hours (Specify whether
In this community years, months or days) LOUISE

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 323 Hamburg
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Infant daughter of Mr & Mrs Louis P Treviso
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Fem
5. Color or race Wht
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 Aug 22 - 44 (Month) (Day) (Year)

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day 4 hr. min.

9. Birthplace St Joseph (City, town or county) Mo (State or foreign country)
10. Usual occupation none
11. Industry or business
FATHER
12. Name Louis P. Treviso
13. Birthplace Calif (City, town or county) (State or foreign country)
MOTHER
14. Maiden name Paula Von Arb
15. Birthplace Denver Colo (City, town or county) (State or foreign country)
16. (a) Informant C Paul Von Arb
(b) Address 323 Hamburg ave
17. (a) B (Burial, cremation, or removal) (b) Date thereof Aug 23-44 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland
18. (a) Signature of funeral director Stamey Fun. Home
(b) Address St Joseph Mo
19. (a) 8/23/44 (Date received local registrar) (b) Delia I Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22 year 1944 hour 8 P minute M.
21. I hereby certify that I attended the deceased from Aug 26, 1944 to Aug 22, 1944 that I last saw her alive on Aug 22, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congenital weakness	
Due to Premature Birth 7 mo	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 Lerei Beck (M. D. or other)
Address King Hill Bldg Date signed 8/24/44

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. .....

P. O. Address.....

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.