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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 5 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39851**
Registrar's No. **10926**

Registration District No. **318**

Primary Registration District No. **1002**

Registrar's No. **10926**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
3600 Warsaw
1799

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:
ST Johns Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 wks (Specify whether
In this community 60 y
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County ST LOUIS
(c) City or town ROBERTSON
(If outside city or town limits, write "RURAL")
(d) Street No. DERUNTZ & EDWARDS
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM TREBILCOCK
3. (b) If veteran, name war _____
3. (c) Social Security No. 493-10-7819

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M I
6. (b) Name of husband or wife EMILY TREBILCOCK
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased JAN 28 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 10 23 hr. min.

9. Birthplace CORNWALL ENG.
(City, town, or county) (State of foreign country)
10. Usual occupation ENGINEERING INSPECTOR
11. Industry or business PUBLIC SERVICE CO

MOTHER FATHER
12. Name JOHN TREBILCOCK
13. Birthplace ENG.
(City, town, or county) (State of foreign country)
14. Maiden name White
15. Birthplace ENG.
(City, town, or county) (State of foreign country)

16. (a) Informant Wm Trebilcock
(b) Address OVERLAND MO
17. (a) BURIAL (b) Date thereof 12-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY
18. (a) Signature of funeral director ORMANN FUNERAL HOME
(b) Address 9222 LACKLAND OVERLAND MO
19. (a) DEC 22 1944 (b) J. F. Bredeen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 21
year 1944 hour _____ minute 11:00 A.M.
21. I hereby certify that I attended the deceased from
12-26, 1944 to 12-21, 1944
that I last saw h. im alive on 12-20-44, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Due to Hypertensive Cardis Pace Disease
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Humboldt Oldg (M. D. or other) _____
Address _____ Date signed 2-22-44

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 *Al C Ortman*.....

Licensed Embalmer No. *3478*.....

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.