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DM--5-42
v. 5-17-39
X32873

4913

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 14 1945

Registration District No. **318**

Primary Registration District No.

Registrar's No. **1992**

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town **St Louis Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **St Anthony Hospital** **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2** **Days**
(Specify whether **Life**)

In this community **Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **1700**

(a) State **Missouri** (b) County **17**

(c) City or town **St Louis**
(If outside city or town limits, write "RURAL") **2** **2**

(d) Street No. **5711 Rhodes Ave.**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **FRED J TREYBAL**

3. (b) If veteran, name war.....

3. (c) Social Security No. **494-10-3234**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **27**
year **1945** hour **7 45 P.M.** minute..... M.

21. I hereby certify that I attended the deceased from **2-26**
19**45**, to **2-27**, 19**45**;

that I last saw him alive on **2-27**, 19**45**;
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mary Treybal** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **July 17th 1905**
(Month) (Day) (Year)

Immediate cause of death **Acute Hemorrhagic pancreatitis** Duration **2 days**

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

39 **7** **11** hr. min.

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

10. Usual occupation **Prest.**

11. Industry or business **General Liquor Co.**

Major findings: **acute hemorrhagic pancreatitis**

Of operations.....

Of autopsy..... **same**

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name **Fred Treybal**

13. Birthplace **Austria**
(City, town, or county) (State or foreign country)

14. Maiden name **Lucy Schober**

15. Birthplace **St Louis**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Treybal**
(b) Address **5711 Rhodes Ave.**

17. (a) **Burial** (b) Date thereof **March 2nd 45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old S. S. Peter & Paul**

18. (a) Signature of funeral director **The Products & Son**
(b) Address **2906 Gravois Ave.**

19. (a) **MAR 1 1945** (b) **J. J. Bredek**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(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 **0**

23. Signature **Wm J. W. ...** (M. D. or other)
Address **2804 Wilming...** Date signed **3/28/45**

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.....

David Van Fossen

Licensed Embalmer No. *4242*

P. O. Address. *2906 Morris*

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.