

S. No. 2  
M-5-43  
v. 5-17-39  
I X38671

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 13 1946  
318

State File No. \_\_\_\_\_

Registrar's No. 2075

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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: Jewish Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: 6 yrs 4 mos (Specify whether years, months or days)  
In this community \_\_\_\_\_

3. (a) PRINT FULL NAME Emmy (Emma) Treichlinger

3. (b) If veteran, name war No 3. (c) Social Security No 500-16-6918

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Leopold Treichlinger 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 20 1909  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
36 6 8 hr. min.

9. Birthplace Linz Austria  
(City, town, or county) (State or foreign country)

10. Usual occupation sales woman

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Oscar Pollak  
13. Birthplace Austria  
(City, town, or county) (State or foreign country)  
14. Maiden name Anny Reis  
15. Birthplace Austria  
(City, town, or county) (State or foreign country)

16. (a) Informant Leopold Treichlinger  
(b) Address 6010 Pershing  
17. (a) cremation (b) Date thereof 3/3/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Berger Memorial  
(b) Address 4715 McPherson

19. (a) MAR 2 1946 J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-0-0  
(c) City or town St. Louis 577  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6010 Pershing  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28  
year 1946 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from December 1 1946 to Feb. 28 1946  
that I last saw her alive on February 28 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Osteochondroma causing rib with metastasis to lung 6 m  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Same findings  
Of operations \_\_\_\_\_  
Of autopsy Same findings  
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 Herman M. Meyer (M. D. or other) MD  
Address 508 N. Grand Date signed 3/1/46

**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. 4229

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.**