No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29598
8354

FILED SEP 8 1947

Registration District No. 318

Primary Registration District No.

Registrar's 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: 4882 Farlin Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1003

(a) State Missouri (b) County 000

(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4882 Farlin Ave 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Mary Ellen Trendall

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

3. (c) Social Security No. - - - - -

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife William Trendall

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug, 24, 1864
(Month) (Day) (Year)

8. AGE: Years 83 Months 0 Days 7. If less than one day hr. min.

9. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Maurice Ducy
13. Birthplace Mass.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ellen Hayes
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Draper
(b) Address 4882 Farlin Ave.

17. (a) Burial (b) Date thereof Aug. 31 47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot Carroll
(b) Address 4600 Nat'l. Bridge

19. (a) SEP 2 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 1
year 1947 hour 12 minute 30a M.

21. I hereby certify that I attended the deceased from 7-1-, 1943, to 8-30-, 1947
that I last saw her alive on 9-1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis

Due to arteriosclerosis

Due to hypertension

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 W. N. White (M. D. or other) M. D.

Address 8037 N. Kings Highway Date signed 8-31-47

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

Jefferson City Printing Co.

(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.....Albert Maxfield.....

Licensed Embalmer No.....3077.....

P. O. Address.....St. Louis Mo.....

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.