

FILED NOV 3 1947 318

Registration District No. Primary Registration District No. 1003

WRITE PLAINLY—USING 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: City Hos'p
(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:

(a) State Missouri (b) County Free
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 5 5660 Kingsbury Blvd 9
(If rural, give location) 0
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Theodore Trepp
 3. (b) If veteran, name war..... none
 3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 22
 year 47 hour..... minute 00 P M.
 21. I hereby certify that I attended the deceased from 6-20-47
 to 10-22 1947
 that I last saw in alive on 10-22 1947
 and that death occurred on the date and hour stated above. Duration

4. Sex male 5. Color or race W. 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Blanche Hart Trepp 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased June 16, 1873
(Month) (Day) (Year)

Immediate cause of death:
Myocardial infarction 6 hrs
Coronary thrombosis 6 hrs
arterio sclerosis indf.

8. AGE: Years Months Days If less than one day
74 4 6 hr. min.

9. Birthplace Jerseyville Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Textile Salesman

11. Industry or business
 12. Name Isaac Trepp
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Matilda Frank
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

Other conditions.....
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsies.....
 PHYSICIAN
 Underline the cause of which death should be charged statistically.

16. (a) Informant Blanche Trepp
 (b) Address 5660 Kingsbury Bl.
 17. (a) Burial (b) Date thereof 10/24/47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Sinai

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?.....
 23. Signature Harford Phillips M.D. or other PH
 Address 1117 N. Union Date signed 10-23-47

18. (a) Signature of funeral director [Signature]
 (b) Address 4356 Lindell Blvd
 19. (a) OCT 23 1947 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

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.....

J. Allen Rausch
Licensed Embalmer No. *4053*

P. O. Address *St. Louis*

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.