

S. No. 2  
M-1/47  
Rev. 5-17-39

State File No. **40445**  
Registrar's No. **2408**

National Office of Vital Statistics  
FILED NOV 25 1947  
Registration District No. **39477**

Primary Registration District No. **2002**

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

1. PLACE OF DEATH:  
(a) County **St. Louis,**  
(b) City or town **University City 5, Missouri.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Res: 516 Warder Avenue,**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... (Yes or No)  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri.** (b) County **St. Louis,** **96**  
(c) City or town **University City 5,** **3**  
(If outside city or town limits, write "RURAL") **5**  
(d) Street No. **516 Warder Ave.,** **0**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **CECELIA J. TRAYSER.**  
3. (b) If veteran, name war..... **None.** 3. (c) Social Security No. **None.**

4. Sex **Female.** 5. Color or race **White.** 6. (a) Single, widowed, married, divorced **Widowed.** **5**  
6. (b) Name of husband or wife **Louis F. Trayser.** 6. (c) Age of husband or wife if alive **Dec'd.** **3** years  
7. Birth date of deceased **September 6, 1867.**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**80.** **2.** **14.** hr. min.

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

10. Usual occupation **At Home.**

11. Industry or business.....  
12. Name **unknown** **9**  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name **unknown** **9**  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Walter Alt.**  
(b) Address **516 Warder Avenue,**

17. (a) **Burial.** (b) Date thereof.....  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Oak Hill Cemetery.**

18. (a) Signature of funeral director **G. R. Lupton & Sons.**  
(b) Address **#7233 Delmar Bly'd.**

19. (a) **11-21-47** (b) **Cecelia J. Trayser**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **20th,**  
year **1947.** hour **9:25** minute **4.** M.  
21. I hereby certify that I attended the deceased from **Jan**  
**1934** to **Nov 20** 19**47,**  
that I last saw her alive on **Nov 1** 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **acute cardiac failure sudden**  
Due to **Ch. myocarditis**  
Due to **Gen'l arteriosclerosis**  
Other conditions **93d**  
(Include pregnancy within 3 months of death)

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 **Ch Denny** (M. D. or other) **0**  
Address **Dave Coeur, Mo.** Date signed **11-20-47**

JAN 16 1948

Dr Chester Denny.  
014ve St, Rd.,  
TE: 4-2361.

**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 *x* Clarence H. Murray  
Licensed Embalmer No. 4011  
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.