. S. No. 2
OM—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 28 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

7130

State File No. .....

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1550

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

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: City Sanitarium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2yrs 8mos 14das.
(Specify whether
In this community 37 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5605 Chamberlain Ave 4
(If rural, give location)
13
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME MABEL TREFFENBERG
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 married
6. (b) Name of husband or wife Harry J. Treffenberg
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased January 5, 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	1	7	..... hr. ..... min.

9. Birthplace Carthage (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business .....
FATHER
12. Name William Nanson 9
13. Birthplace not known (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ellen ? Nanson
15. Birthplace not known 9 (City, town, or county) (State or foreign country)
16. (a) Informant Thelma Singler
(b) Address 5400 Arsenal
17. (a) cremation (Burial, cremation, or removal) (b) Date thereof 2-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., St. Louis, Mo.
19. (a) FEB 16 1948 (Date received local registrar) (b) J F Bridgett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12
year 1948 hour 9:25 minute P. M.
21. I hereby certify that I attended the deceased from May 28, 1945, to Febr., 12, 1948;
that I last saw her alive on Febr., 12, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Heart Disease	2yrx
Senility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 0
23. Signature J. Schlenker (M. D. ~~or other~~)
Address 5400 Arsenal St Date signed 2/13/4

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. J. Schlenker
4300 Arsenal Street

1550

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 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.