No. 300
10.48

FILED AUG 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28624

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6975

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4651 Cecil Place

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 2. 4651 Cecil Place

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): Marie
c. (Last): Trefney

4. DATE OF DEATH (Month) (Day) (Year): 8-9-1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-9-1878
9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Stephan Maag
13b. MOTHER'S MAIDEN NAME: Anna Kern
14. NAME OF HUSBAND OR WIFE: Joseph J. Trefney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Joseph J. Trefney
ADDRESS: 4651 Cecil Place

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Ht. Disease.
(b) Cardiac insufficiency
ANTECEDENT CAUSES — DUE TO (b) (c) mitral incompetency
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. — (c) aortic incompetency
DUE TO (c) (d) Cardiac Enlargement.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Jan. 1946 To 8/9/49

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Louis Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: H 5-50

22. *I hereby certify that I attended the deceased from* 31 July, 1949, to 8-9, 1949, *that I last saw the deceased alive on* 8-8-49, 19___, *and that death occurred at* 4 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles Krouser M.D.
23b. ADDRESS: 6454 Pernod St. ~~4651 Cecil Pl.~~
23c. DATE SIGNED: 8/9/49.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-11-1949
24c. NAME OF CEMETERY OR CREMATORY: St. Paul's Churchyard
24d. LOCATION (City, town, or county) (State): 7600 Rock Hill Road Mo

DATE REC'D BY LOCAL REG. AUG 10 1949
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE: Ziegenhein Bros
ADDRESS: 6409 Gravois Ave

(Licensed Embalmer's Statement on Reverse Side)

Dr. Krouser 6454 Pernod Ave
FL 7844
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Henry M Brammer

Licensed Embalmer No. 4200

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.