

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27472**

FILED AUG 20 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **162** PRIMARY REG. DIST. NO. **5395** Registrar's No. **59**

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JEFFERSON</b> <b>0500</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MO</b> b. COUNTY _____ |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ROCK TOWNSHIP</b>                  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST LOUIS</b> <b>2019</b>                     |  |
| c. LENGTH OF STAY (in this place) _____  |  | d. STREET ADDRESS (if rural, give location) <b>6119 ALASKA</b> <b>1</b>  |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____ |  |  |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>GEORGE</b> b. (Middle) <b>F.</b> c. (Last) <b>TRETTER</b> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>AUG 4 1951</b> |  |  |
|--|--|--|--|--|--|

|                    |                               |   |                                       |   |  |   |
|--------------------|-------------------------------|---|---------------------------------------|---|--|---|
| 5. SEX <b>MALE</b> | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b> | 8. DATE OF BIRTH <b>MARCH 17 1891</b> | 9. AGE (In years last birthday) <b>60</b> | IF UNDER 1 YEAR Months <b>4</b> Days <b>18</b> | IF UNDER 24 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|---------------------------------------|---|--|---|

|  |  |  |  |
|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BUTCHER RETIRED</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>BUTCHER</b> | 11. BIRTHPLACE (State or foreign country) <b>ST LOUIS MO</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|--|--|--|--|

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|---|--|--|
| 13a. FATHER'S NAME <b>WILLIAM TRETTER</b> | 13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b> | 14. NAME OF HUSBAND OR WIFE <b>BARBARA TRETTER</b> |
|---|--|--|

|  |                               |   |
|--|-------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____ | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. GEORGE F. TRETTER 6119 ALASKA</b> |
|--|-------------------------------|---|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): <b>Coronary thrombosis</b>  |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |                                  |

|                              |  |  |
|------------------------------|--|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------------|--|--|

|  |  |  |
|--|--|--|
| 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)<br><b>4201</b> |
|--|--|--|

|   |  |                                 |
|---|--|---------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR _____ |
|---|--|---------------------------------|

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|   |   |                                |
|---|---|--------------------------------|
| 22a. SIGNATURE <b>Dorcas Matthews Brown</b> (Degree or title) _____ | 23b. ADDRESS <b>101 Main St Tretter Mo 6451</b> | 23c. DATE SIGNED <b>8/4/51</b> |
|---|---|--------------------------------|

|   |                              |   |  |
|---|------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b> | 24b. DATE <b>AUG. 7 1951</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>SUN SET</b> | 24d. LOCATION (City, town, or county) (State) <b>ST LOUIS COUNTY</b> |
|---|------------------------------|---|--|

|   |   |   |
|---|---|---|
| DATE REC'D BY LOCAL REG. <b>8/11/51</b> | REGISTRAR'S SIGNATURE <b>Ruth Josa</b> <b>438</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>SOUTHERN FUNERAL HOME ST LOUIS MO</b> |
|---|---|---|

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

AUG 20 1951

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED 8-14-51

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 *Elmer A. Hightower*

Licensed Embalmer No. 3591

P. O. Address \_\_\_\_\_

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.