

No. 300  
10.48

FILED AUG 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29165

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2906

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Olivette</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Olivette</b> <b>4380</b>	
c. LENGTH OF STAY (In this place) <b>20 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>9128-Olive Street Road</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>9128-Olive Street Road</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>John</b>	b. (Middle) <b>Nick</b>	c. (Last) <b>Trilsch</b>	4. DATE OF DEATH (Month) (Day) (Year)	<b>Aug. 13, 1951</b>
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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>Nov. 21, 1885</b>	9. AGE (In years) (last birthday)	<b>65</b>	# UNDER 1 YEAR	Months	Days	# UNDER 2 WKS.	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tester</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Wagner Elec. Corp</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>Peter Trilsch</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Mitz</b>	14. NAME OF HUSBAND OR WIFE <b>Sarah Trilsch</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>486-16-4124</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Sarah Trilsch</b>	ADDRESS <b>9128-Olive St. Rd-Clayton, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 Day</b>  <b>20 months</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterial Hypertension</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4201</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12/13, 1949, to 8/13, 1951, that I last saw the deceased alive on 8/13, 1951, and that death occurred at 11:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Robert P. Meador</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>450 Central, Clayton, Mo.</b>	23c. DATE SIGNED <b>8-14-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-16-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lemay, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>8-14-51</b>	REGISTRAR'S SIGNATURE <b>Robert Robinson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Baumann</b>	ADDRESS <b>2504-Woodson Rd-Overland, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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 3453

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*David C. Gibson*

Licensed Embalmer No.

3454

P. O. Address

*Overland 14, 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.