

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45015
12100

State File No. _____
Registrar's No. _____

FILED JAN 26 1953
BIRTH NO. _____

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MI.		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis MO.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2219			
d. FULL NAME OF HOSPITAL OR INSTITUTION PEOPLE HOSP.		d. STREET ADDRESS 21118th CHANNING AVE					
3. NAME OF DECEASED (Type or Print) a. (First) TRENÉ b. (Middle) PARIS c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 12-29-52				
5. SEX FEMALE	6. COLOR OR RACE COL	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2-7-1891	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Chest Field MI			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME SILAS HUGHES		13b. MOTHER'S MAIDEN NAME MARK WREST			
14. NAME OF HUSBAND OR WIFE HOLCK		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME HOLCK PARIS		17. ADDRESS 118th CHANNING					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Excess Anesthesia; Bilateral Hydrathorax; Bowel Obstruction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) dating the underlying cause last.</u> DUE TO (b) <u>while being prepared for</u> DUE TO (c) <u>operation at Peoples Hosp</u> II. OTHER SIGNIFICANT CONDITIONS <u>see Dec 29 1952</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENTS SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hosp</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 29 52</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>5705 F</u>			
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 <u>1:30 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph M. DeWitt</u>		23b. ADDRESS <u>3130 Clark</u>		23c. DATE SIGNED <u>1/4/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>DEMOVABLE</u>		24b. DATE <u>1-5-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL</u>			
24d. LOCATION (City, town, or county) (State) <u>JEFF BARRACK MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Smith</u>					
DATE REC'D BY LOCAL REG JAN 2 1953		REGISTRAR'S SIGNATURE <u>Benjamin Low</u>		ADDRESS <u>3103 Washington</u>			

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 H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.