

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

16303

State File No. ....

**FILED APR 23 1953**

**318**

**1003**

Registrar's No. .... **3757**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b> <b>2239</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Park Lane Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>23 2618a S 11th Street 0</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Elsie</b>		b. (Middle) <b>Marie</b>	
		c. (Last) <b>Trécic</b>	
<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>April 7 1953</b>			
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed 2</b>	<b>8. DATE OF BIRTH</b> <b>29, 1908</b>
		<b>9. AGE</b> (In years last birthday) <b>45 44</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	
		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Kansas</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U S</b>			
<b>13a. FATHER'S NAME</b> <b>Marik Hayes</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Minnie Micholes</b>	
		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Steve J. (Deceased)</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>	
		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mary Ann Seeger</b>	
		<b>ADDRESS</b> <b>Puddlake New Jersey</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) <i>1. This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b>	
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary Thrombosis</b>	
		<b>ANTECEDENT CAUSES</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <b>DUE TO (b)</b> _____ <b>DUE TO (c)</b> _____	
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
<b>19a. DATE OF OPERATION</b> <b>4-6-53</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Very badly dilated and thickened Coronary Myocardium with Hemorrhoids</b>	
		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/>	
		<b>21f. HOW DID INJURY OCCUR?</b> <b>4201</b>	
<b>22. I hereby certify that I attended the deceased from 3-30-1953, to 4-7-1953, that I last saw the deceased alive on 4-7-1953, and that death occurred at 5:30 p.m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <b>Clude O'Keane</b>		<b>23b. ADDRESS</b> <b>706 Walton</b>	
		<b>23c. DATE SIGNED</b> <b>4-8-53</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>4/11/53</b>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Calvary Cemetery</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>St Louis Missouri</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>APR 10 1953</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Moylell Funeral Home</b>	
		<b>ADDRESS</b> <b>1926 Allen Ave.</b>	

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

No. 300  
10-48

25 Year wife.

**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

*Dale A. Franman*

Licensed Embalmer No. 4533

P. O. Address 1200 S. Main

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 16203

State of Missouri }  
County of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 3757

On this 23rd day of April, 1953, before me appears  
Moydell Funeral Home, who, upon their oath, states that the original record of ~~birth~~ death  
for Elsie Marie Trecic, died ~~born~~ April 7, 1953, in the State of  
Missouri, and which was filed at St. Louis, Mo. on 4-10-1953, 19, should be corrected as follows:

Item No. 8 should read June 23-1908

Instead of June 26-1907

Item No. 9 should read 44 yrs.

Instead of 65 yrs.

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Dale G. Stearns  
Moydell Funeral Home  
Funeral Dir.  
1926 Allen Ave. St. Louis, Mo.  
-Present Address.

Subscribed and sworn to before me this 23rd day of April, 1953

My Commission expires 3-4-57 *Ellen Paddock* Notary Public

