No. 300
10-48

FILED APR 29 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16462

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1112

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clayton
c. LENGTH OF STAY (in this place) 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 625 Glenridge

2. USUAL RESIDENCE (Where deceased lived? If institution, residence before admission)
a. STATE Mo
b. COUNTY St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clayton 4452
d. STREET ADDRESS (If rural, give location) 625 Glenridge

3. NAME OF DECEASED (Type or Print)
a. (First) Raymond
b. (Middle) C.
c. (Last) Trenor

4. DATE OF DEATH (Month) (Day) (Year) April 16 - 1953

5. SEX M.O.
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M
8. DATE OF BIRTH Nov. 25 - 1893
9. AGE (In years last birthday) 58 — IF UNDER 1 YEAR Months 4 Days 23 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sale Manager
10b. KIND OF BUSINESS OR INDUSTRY Valley Shoe Co
11. BIRTHPLACE (City and State or Foreign Country) Roanoke Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frank Trenor
13b. MOTHER'S MAIDEN NAME Unk. Jamison
14. NAME OF HUSBAND OR WIFE Estelle Trenor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) World War II
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME Estelle Trenor — ADDRESS 625 Glenridge Ave

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) myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1950, *to* Apr. 16, 1953, *that I last saw the deceased alive on* Apr 16, 1953, *and that death occurred at* 10:p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Alfred Goldman, M.D. / M.D.
23b. ADDRESS 634 N. Grand
23c. DATE SIGNED 4/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 4/18/53
24c. NAME OF CEMETERY OR CREMATORY Ever Green
24d. LOCATION (City, town, or county) Roanoke (State) Va.

DATE REC'D BY LOCAL REG. 4-17-53
REGISTRAR'S SIGNATURE Herbert R. Donke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp Inc. — ADDRESS Clayton

(Licensed Embalmer's Statement on Reverse Side)

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

400 2
Lincoln 1113

MAY 14 1953

MAY 20 1953

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 Felix Durand

Licensed Embalmer No. 3074

P. O. Address Kirkwood 22 M

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.