

FILED NOV 24 1953

STANDARD CERTIFICATE OF DEATH

State File No. 41286

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10449

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Firmin Desloge Hospital		d. STREET ADDRESS (If rural, give location) 5008 Miami St. 2149	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Andrew c. (Last) Trelford		4. DATE OF DEATH (Month) (Day) (Year) 11 2 53	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4/7/96
9. AGE (In years last birthday) 57		10. UNDER 1 YEAR Months 6	11. UNDER 18 Hrs. Days 25 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sargent		10b. KIND OF BUSINESS OR INDUSTRY Police Force	
11. BIRTHPLACE (State or foreign country) St. Louis		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John Trelford		13b. MOTHER'S MAIDEN NAME Kate McDermott		14. NAME OF HUSBAND OR WIFE Nora Hanrahan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. John A. Trelford-5008 Miami St.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abdominal Carcinomatosis Intestinal Post		II. OTHER SIGNIFICANT CONDITIONS		4 mo.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Stomach		18 mo.	
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 6 days before death		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach v (31 Jul 53) Abdominal Carcinomatosis		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
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 151X	

22. I hereby certify that I attended the deceased from 3 February 1953, to 11/2/53, 19__, that I last saw the deceased alive on 11/2/53, 19__, and that death occurred at 1:50 P. m., from the causes and on the date stated above.

23a. SIGNATURE G. Ernest Jensen M.D. (Degree as title)		23b. ADDRESS Mo. Theatre Bldg.		23c. DATE SIGNED 11/3/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/4/53		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	
24d. LOCATION (City, town, or county) St. Louis County		24e. (State) Mo.			

DATE REC'D BY LOCAL REG. NOV 4 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary 6633 Clayton Rd.	
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 18 1958

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Ernest W. Killars

Signed.....
Student Embalmer

Licensed Embalmer No.....
4080

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.