

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

**45600**

State File No. \_\_\_\_\_

No. 300  
10. 48

**FILED JAN 19 1954**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **12148**

<b>1. PLACE OF DEATH</b> a. COUNTY <u>0</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS Mo</u>		c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN <u>ST. LOUIS</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ANTHONY'S Hosp. 24</u>			e. STREET ADDRESS (If rural, give location) <u>3903 IOWA 22490</u>		
<b>3. NAME OF DECEASED</b> (Type or Print)		a. (First) <u>JULIA</u>	b. (Middle) <u>M.</u>	c. (Last) <u>TREYBAL</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>DEC. 23 1953</u>
<b>5. SEX</b> <u>FEMALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>SINGLE</u>	<b>8. DATE OF BIRTH</b> <u>MAR. - 1886</u>	<b>9. AGE</b> (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>NONE</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>BOHEMIA. S</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>FERDINAND TREYBAL</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>MARY SAMSULA</u>		<b>14. NAME OF HUSBAND OR WIFE</b> _____	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) _____	<b>16. SOCIAL SECURITY NO.</b> _____	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>MARY A. ANDERSON 7822 OSCEOLA</u>			
<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Arterio-sclerotic HT Disease failure</u>  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.	<u>Pneumonia Virus</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day -</u>	
<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____				
<b>19a. DATE OF OPERATION</b> _____	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input 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) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>4200</u>			
<b>22. I hereby certify that I attended the deceased from <u>Dec 16, 1953, to Dec 23, 1953</u>, that I last saw the deceased alive on <u>Dec 22, 1953</u>, and that death occurred at <u>2:00 A. M.</u>, from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> <u>John J. Onkle M.D.</u>		(Degree or title)		<b>23b. ADDRESS</b> <u>5003 dym...</u>	<b>23c. DATE SIGNED</b> <u>12-24-53</u>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>BURIAL</u>	<b>24b. DATE</b> <u>DEC. 26 1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>S.S. PETERY PAUL</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>ST. LOUIS Mo</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>DEC 24 1953</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Carl Smith MD</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Thomas Rutis 2906 Harris</u>		

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Leo J. Buddle*

Licensed Embalmer No. *398*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.