

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
1852

BIRTH NO. FILED MAR 8 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1852

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Mo.
c. LENGTH OF STAY (in this place) 3 Hrs.

c. CITY OR TOWN 7 St. Louis, d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital

e. STREET ADDRESS (If rural, give location) 5350 Claxton Avenue, 2079

3. NAME OF DECEASED
a. (First) William b. (Middle) E. c. (Last) Tritschler

4. DATE OF DEATH (Month) (Day) (Year) Feb. 25, 1954

5. SEX 0 Male

6. COLOR (OR RACE) White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct. 5, 1902

9. AGE (In years last birthday) 51 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Project Engineer

10b. KIND OF BUSINESS OR INDUSTRY Mo. Portland Cemet. Co.

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Louis E. Tritschler

13b. MOTHER'S MAIDEN NAME May Louise Doering

14. NAME OF HUSBAND OR WIFE Mrs. Pauline L. Tritschler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pauline L. Tritschler, 5350 Claxton Ave.

18. CAUSE OF DEATH
Enter 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) Cerebral Hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 hrs
5 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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) (Minute)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 331X

22. I hereby certify that I attended the deceased from April 1953, to Feb 25, 1954, that I last saw the deceased alive on Feb 20, 1954, and that death occurred at 2:00P m., from the causes and on the date stated above.

23a. SIGNATURE W. J. Houch Mr. (Degree or title)

23b. ADDRESS 8902 Riverview Blvd.

23c. DATE SIGNED 2-26-54

24a. BURIAL CREMATION, REMOVAL (Specify) Removal

24b. DATE 3-1-1954

24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery

24d. LOCATION (City, town, or county) (State) Wellston, Missouri

DATE REC'D BY LOCAL REG. FEB 26 1954

REGISTRAR'S SIGNATURE Paul Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math. Hermann & Son, Inc. 2161 E. Fair Ave.

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

MAR 16 1934

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.....
John W. Hay

Licensed Embalmer No. *373*
P. O. Address *S. Linn*

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.