

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **13967**  
**3666**

FILED MAY 13 1955

|  |  |  |  |  |  |   |  |                 |  |
|--|--|--|--|--|--|---|--|-----------------|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <b>318</b>  |  | PRIMARY REG. DIST. NO. <b>1003</b>   |  | Registrar's No. _____   |  |                 |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> |  |   |  | b. COUNTY _____ |  |
| b. CITY (If outside corporate limits, write RURAL and give town or township)<br><b>St. Louis, Mo.</b>  |  | c. LENGTH OF STAY (In this place)<br><b>7 Yrs. 9 Da</b>  |  | c. CITY OR TOWN<br><b>St. Louis,</b>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |                 |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>St. Louis Chronic Hospital</b>   |  |  |  | e. STREET ADDRESS<br><b>5800 Arsenal St.</b>   |  | <b>213 9 D</b>  |  |                 |  |
| 3. NAME OF DECEASED<br>(Type or Print)   |  | a. (First)<br><b>Karl</b>  |  | b. (Middle)<br>_____   |  | c. (Last)<br><b>Trefzer</b>   |  |                 |  |
| 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>April 22---55</b>   |  | 5. SEX<br><b>Male</b>  |  | 6. COLOR OR RACE<br><b>White</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Single</b>   |  |                 |  |
| 8. DATE OF BIRTH<br><b>About 1872</b>  |  | 9. AGE (In years last birthday)<br><b>82</b>   |  | IF UNDER 1 YEAR<br>Months _____ Days _____   |  | IF UNDER 10 HRS.<br>Hours _____ Min. _____  |  |                 |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Carpenter</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>_____   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Germany</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>Unknown</b>  |  |                 |  |
| 13a. FATHER'S NAME<br><b>Phillip Trefzer</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Magdalena Unknown</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>None</b>   |  |   |  |                 |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  | 16. SOCIAL SECURITY NO.<br><b>Unknown</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Hospital Records</b>   |  | ADDRESS<br>_____  |  |                 |  |
| 18. CAUSE OF DEATH<br>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) <b>Coronary Occlusion</b>   |  | II. ANTECEDENT CAUSES<br>DUE TO (b) <b>Chronic Arteriosclerotic Heart Disease</b>                      |  |  |  |   |  |                 |  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |  | DUE TO (c) _____   |  |  |  |   |  |                 |  |
| III. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |  |  |  |   |  |                 |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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?<br><b>4200</b>  |  |   |  |                 |  |
| 22. I hereby certify that I attended the deceased from <b>April 13, 19 55</b> , to <b>April 22, 19 55</b> , that I last saw the deceased alive on <b>April 21, 19 55</b> , and that death occurred at <b>6:30 A.M.</b> from the causes and on the date stated above. |  |  |  |  |  |   |  |                 |  |
| 23a. SIGNATURE (Degree or title)<br><b>Carl Smith M.D.</b>   |  |  |  | 23b. ADDRESS<br><b>5800 Arsenal Street.</b>  |  | 23c. DATE SIGNED<br><b>4/22/55</b>  |  |                 |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |  | 24b. DATE<br><b>4-26-55</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park</b>   |  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co., Mo.</b>  |  |                 |  |
| DATE REC'D BY LOCAL REG.<br><b>APR 25 1955</b>   |  | REGISTRAR'S SIGNATURE<br><b>Carl Smith</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Morrell Funeral Home, 4212 St. Louis Ave</b>                        |  |   |  |                 |  |

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 *Elton R. Penick*.....

Licensed Embalmer No. *428*.....

P. O. Address *S. Lou*.....

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.