

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17077

FILED MAY 25 1955

State File No. _____
Registrar's No. **4289**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4289			
I. 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 township) OR TOWN ST. LOUIS Mo.		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. ANTHONY HOSPITAL				e. STREET ADDRESS (If rural, give location) 6020 ARENDES DR.					
3. NAME OF DECEASED (Type or Print) LUCY		a. (First)		b. (Middle) C.		c. (Last) TREYBAL			
4. DATE OF DEATH MAY 12 1955		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH MAR. 12 1884		9. AGE (In years last birthday) 71			
5. SEX FEMALE		6. COLOR OR RACE WHITE		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SEAMSTRESS		10b. KIND OF BUSINESS OR INDUSTRY GREENFIELD FURRIER			
11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOSEPH SCHOBER		13b. MOTHER'S MAIDEN NAME UNKNOWN			
14. NAME OF HUSBAND OR WIFE FRED TREYBAL		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. 492-30-8137		17. INFORMANT'S SIGNATURE OR NAME ALYCE HRDLICKA ADDRESS AFFTON Mo.			
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, ashenia, etc. It means the disease, injury, or complication, which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) adeno. carcinomas metastases ANTECEDENT CAUSES DUE TO (b) in lungs, liver & spine - DUE TO (c) adeno carcinoma of hepatic flexa of colon II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH about 6 mo.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Resection of adeno. carcinoma of colon April 14, 1952.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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? 153x							
22. I hereby certify that I attended the deceased from 2/12 , 19 43 , to 5/12 , 19 55 , that I last saw the deceased alive on 5/11 , 19 55 , and that death occurred at 11:40 a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Wm. J. Wolanick				23b. ADDRESS 3804 W. Livingston Ave		23c. DATE SIGNED 5/12/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 14 1955		24c. NAME OF CEMETERY OR CREMATORY S. S. PETER & PAUL		24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo.			
DATE REC'D BY LOCAL REG. MAY 16 1955		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kuto ADDRESS 2906 Gearon					

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.....
Licensed Embalmer No. 39
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.