

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 14 1957

State File No. **19665**  
Registrar's No. **1364**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **590**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Wellston</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <b>2 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>2540 Jefferson Hotel 4157-12<sup>th</sup></b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Vincent's Hospital</b>		3. NAME OF DECEASED a. (First) <b>Bird</b>		b. (Middle) <b>Trevathan</b>	
c. (Last) <b>Corlis</b>		4. DATE OF DEATH (Month) <b>May</b> (Day) <b>26</b> (Year) <b>1957</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	
8. DATE OF BIRTH <b>Feb. 18, 1869</b>		9. AGE (In years last birthday) <b>88</b>		10. IF UNDER 1 YEAR Days <b>3</b>	
11. IF UNDER 1 HRS. Hours <b></b> Min. <b></b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Union City, Tennessee</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Francis Marion Trevathan</b>		13b. MOTHER'S MAIDEN NAME <b>Charity Elizabeth Green</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. John C. Vogel, guardian. 818 Olive St.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <b>Intestinal Obstruction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs.</b>			
*This does not mean the mode of dying, such as heart failure, asthenia, 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) _____			
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerotic Heart Disease</b>		<b>6 years</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>2-16-</b> , <b>1955</b> , to <b>5-26-</b> , <b>1957</b> , that I last saw the deceased alive on <b>5-25-</b> , <b>1957</b> , and that death occurred at <b>8:10 Am.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Rephane McMedow, M.D.</b> (Degree or title)		23b. ADDRESS <b>634 N. Grand Blvd</b>		23c. DATE SIGNED <b>5-26-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>5-30-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>EAST VIEW</b>	
24d. LOCATION (City, town, or county) (State) <b>UNION CITY - TENN.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Walter J. Donnelly, 3846 Lendear Blvd.</b>			
DATE REC'D BY LOCAL REG. <b>5-29-57</b>		REGISTRAR'S SIGNATURE <b>Herbert B. Donleavy</b>			

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

**1 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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed W. S. Sargent.....

Licensed Embalmer No. 467.....

P. O. Address 3840.....

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.