

FILED JUL 17 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **26924**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>547</b>		Registrar's No. <b>1569</b>	
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) <b>Richmond Heights</b>		c. LENGTH OF STAY (in this place) <b>2 hrs.</b>		c. CITY OR TOWN <b>Afton</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>6425 Hurstgreen Lane</b>			
3. NAME OF DECEASED (Type or Print) <b>BABY</b>			a. (First) <b>TREFNEY</b>		b. (Middle)		c. (Last)
4. DATE OF DEATH <b>6-19-1957</b>		(Month) (Day) (Year)		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>6-19-1957</b>		9. AGE (In years last birthday) <b>2 Hours</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Donald O. Trefney</b>		13b. MOTHER'S MAIDEN NAME <b>Dorothy N. Miller</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Donald O. Trefney</b>		ADDRESS <b>6425 Greenhurst Lane</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atelectasis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Pneumonia</b>					
		DUE TO (c) <b>Greenish brown</b>					
II. OTHER SIGNIFICANT CONDITIONS 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? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>—</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>—</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>7625</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b>—</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>—</b>			
22. I hereby certify that I attended the deceased from <b>6/19</b> , 19 <b>57</b> , to <b>6/19</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>6/19</b> , 19 <b>57</b> , and that death occurred at <b>6:00 P.M.</b> from the causes and on the date stated above.							
23a. SIGNATURE <b>H. Viviano M.D.</b> (Degree or title)				23b. ADDRESS <b>16 Hampton Plaza</b>		23c. DATE SIGNED <b>6/20/57</b>	
24a. BURIAL, CREMATION, OR OTHER DISPOSAL <b>Burial</b>		24b. DATE <b>6-20-1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cemetery</b>		24d. LOCAT(ON) (City, town, or county) (State) <b>St. Louis Co. Mo</b>	
DATE REC'D BY LOCAL REG. <b>6-20-57</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donahue</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Riegehens</b>		ADDRESS <b>6409 Gravois Ave</b>	

(Licensed Embalmer's Statement on Reverse Side)

Dr. Viviano Hampton Village  
PL 1-9081-1  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATE OF MISSOURI  
DEPARTMENT OF HEALTH

State of Missouri  
Department of Health  
Bureau of Health  
St. Louis, Missouri  
Certificate No. 12345  
Date of Issue: 1-15-1918  
Name of Deceased: John Doe  
Age: 45  
Sex: Male  
Race: White  
Color: White  
Religion: Roman Catholic  
Place of Birth: St. Louis, Mo.  
Cause of Death: Heart Disease  
Place of Burial: St. Louis, Mo.  
Name of Embalmer: J. M. Simon  
Address: St. Louis, Mo.  
Signature of Embalmer: J. M. Simon  
Date: 1-15-1918

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 Not Embalmed Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer  
Signed J. M. Simon  
Licensed Embalmer No. 434  
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.