

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016556  
STATE FILE NUMBER

FILED APR 18 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2615

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Michigan b. COUNTY 8210	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN St. Louis		c. CITY OR TOWN Dearborn	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5641 Summit Pl.		Length of stay in lb 2.33 STREET ADDRESS 7747 Wedell Ave. (If outside, give location)	
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) JOSEPH TREME			4. DATE OF DEATH Mar. 29, 1958		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 24th, 1889	9. AGE (In years last birthday) 69	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millwright		10b. KIND OF BUSINESS OR INDUSTRY Chrysler Corp.		11. BIRTHPLACE (City and state or country) New Orleans, La	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Arthur Treme			
14. MOTHER'S MAIDEN NAME Eleanor Garner				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	
16. SOCIAL SECURITY NO.		17. INFORMANT 7747 Wedell Ave. Mrs. Stella Treme Dearborn, Mich.			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral apoplexy Cerebral apoplexy Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 334x			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 334x		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION			20f. COUNTY STATE		

21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at 3/29/58 5:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Joseph Treme			22b. ADDRESS 1300 Clark		22c. DATE SIGNED 3/31/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4/3/58	23c. NAME OF CEMETERY OR CREMATORY Mount Olivette	23d. LOCATION (City, town, or county) (State) Detroit, Mich.
24. FUNERAL DIRECTOR JOHN STYGAR & SON - 5541 RIVERVIEW BLVD.			25. DATE RECD. BY LOCAL REG. MAR 31 '58	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. m. s. B.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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.  
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.