

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046425
State File No.

97373-58
FILED JAN 5 1959

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 12200

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE No. b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital		STREET ADDRESS (If rural, give location) 2227 1029 Chouteau, 2				
3. NAME OF DECEASED (Type or Print) Thema		a. (First) b. (Middle) c. (Last) Fawn Treece		4. DATE OF DEATH (Month) (Day) (Year) 12 17 58		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED NEVER MARRIED WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH 12-16-58	9. AGE (in years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 10 MRS. 16 10		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>W</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Paul Lee Treece		13b. MOTHER'S MAIDEN NAME Agnes Lillie Spencer		
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME Agnes Lillie Treece		ADDRESS 1029 Chouteau, 2				
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) Prematurity ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) 776X				INTERVAL BETWEEN ONSET AND DEATH
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) (Min.)		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 12/16, 1958, to 12/17, 1958, that I last saw the deceased alive on 12/17/58, 19, and that death occurred at 8:30 A. M., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) W. Stergen M.D.		23b. ADDRESS 1302 No. Kingshighway		23c. DATE SIGNED 12/17/58		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/10/59		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		
24d. LOCATION (City, town, or county) St. Louis, Mo.		(State)				
DATE REC'D BY LOCAL REG. DEC 18 '58		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS 3840 Fenwick Blvd.		

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 *Francis Williams*.....

Licensed Embalmer No. *350*

P. O. Address *3840 Linder*

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.