RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 14 1960

-60-044313

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11585

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 12 Hrs.

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Luke's Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis

c. CITY OR TOWN: Sappington — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 8804 Signature Lane — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JAMES Middle A. Last TRISLER

4. DATE OF DEATH: Month November Day 28 Year 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3-11-1904

9. AGE (last birthday): 56 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brick Layer

10b. KIND OF BUSINESS OR INDUSTRY: Bldg. Construct.

11. BIRTHPLACE (City and state or country): Bloomington, Ill.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Monte C. Trisler

13b. MOTHER'S MAIDEN NAME: Louise Allen

14. NAME OF HUSBAND OR WIFE: Myrtle Laemmel Trisler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 492-03-4224

17. INFORMANT: Myrtle Trisler, Address: above

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Coronary Occlusion — 3 hours

DUE TO (c): 420.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

O.K. Joseph M. Lewis Deputy Chief 12-6-60

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3:00 PM 11/28/60, to 6:20 PM 11/28/60 and last saw ~~her~~ him alive on 11/28/60

Death occurred at 6:20 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Thomas Craig MD

22b. ADDRESS: 114 E. Lockwood Ave. Webster Groves, Mo.

22c. DATE SIGNED: 11-30-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12-1-60

23c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery

23d. LOCATION (City, town, or county) (State): St Louis Co., Mo.

24. FUNERAL DIRECTOR ADDRESS: JAY B. SMITH, Maplewood, Mo.

25. DATE RECD. BY LOCAL REG.: DEC 2 1960

26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed W C Burgess

Signature of Student Embalmer

Licensed Embalmer No. 402

P. O. Address Mapleu

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.