

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046935
STATE FILE NUMBER

AMENDED

Registration District No. **318**, Primary Registration District No. **1003**, Registrar's No. **12320**

FILED JAN 11 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		c. CITY OR TOWN St. Louis	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #I		d. STREET ADDRESS (if outside, give location) 304 E. Davis St.	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First BRUNO Middle Last TRENZ			4. DATE OF DEATH Month 12 Day 28 Year 61		
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-2-1882	9. AGE (last birthday) 79 years	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME John Henry Trenz		13b. MOTHER'S MAIDEN NAME Johanna Engelking	
14. NAME OF HUSBAND OR WIFE Caroline Emma Stumpf		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown); (if yes, give war or dates of service) no		17. INFORMANT Address Lily Heitzman - 4517 S. Grand Blvd.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EDEMA		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE		
DUE TO (c) 420.0H		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CA OR INSTANT BRONCHOPNEUMONIA		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from **10/26/61** to **12/28/61** and last saw her/him alive on **12/28/61**
Death occurred at **10:30 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. E. Stumpf M.D.	22b. ADDRESS 1515 LAFAYETTE AVE.	22c. DATE SIGNED 12/28/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Jan. 2, 1962	23c. NAME OF CEMETERY OR CREMATORY Kolmer Memorial Cemetery	23d. LOCATION (City, town, or county) (State) Waterloo, Illinois
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24. FUNERAL DIRECTOR Gabken Sons	ADDRESS 2630 Gravois Ave.	25. DATE RECD. BY LOCAL REG. DEC 30 1961	26. REGISTRAR'S SIGNATURE Lois Smith M.D.
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

TITLE NO. SHOULD READ

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jan M. Sizemore

Licensed Embalmer No. 4343

P. O. Address St Louis 7

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.