MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044976
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 11018

FILED NOV 26 1962

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 2 hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Missouri Baptist 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: Richmond Heights
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1415 Silverton Place
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First HENRY Middle GEORGE Last TRIESELER
4. DATE OF DEATH: Month November Day 14 Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10/17/1878
9. AGE (last birthday): 84
IF UNDER 1 YEAR: Months 0 Days 27
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Lawyer
10b. KIND OF BUSINESS OR INDUSTRY: Law
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Henry Trieseler
13b. MOTHER'S MAIDEN NAME: Charlotte Luth
14. NAME OF HUSBAND OR WIFE: Emma Putting Trieseler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes, Spanish American
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Emma Trieseler, 1415 Silverton Place

MEDICAL CERTIFICATION

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: 12 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 1 yr
DUE TO (c)

Notified Dr. Nelson 11-16 Coroner

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4200

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

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 14 November 1962 to Nov. 14, 1962 and last saw him alive on Nov. 14, 1962
(Death occurred) at 12:15 p.m. on the date stated above and to the best of my knowledge, from the causes stated.
He had been under care of Dr. John Herlin, M.D. past yr.

22a. SIGNATURE: Richard Jones (Degree or title) M.D.
22b. ADDRESS: 3720 Washington Ave.
22c. DATE SIGNED: 11/15/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/17/62
23c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: Ambruster Mortuary
ADDRESS: 6633 Clayton Rd.
25. DATE RECD. BY LOCAL REG.: NOV 16 1962
26. REGISTRAR'S SIGNATURE: Paul Smith, M.D.

BY AFFIDAVIT OF DOCUMENT

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 _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 2788

P. O. Address St Louis Mo.

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.