

FILED DEC 12 1945

Registration District No. 376

Primary Registration District No. 6075

Registrar's No. 220

1. PLACE OF DEATH:

(a) County ST. FRANCOIS.
(b) City or town RURAL ST. FRANCOIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: TWP.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 64 years
years, months or days

3. (a) PRINT FULL NAME THOMAS HENRY TRESTER

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife KATHERINE HAMILIN 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased 8-6-1881
(Month) (Day) (Year)

8. AGE: Years 64 Months 3 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Ste Genevieve city Mo. (1)
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Geo. Trestler

13. Birthplace Penn. (1)
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Taylor

15. Birthplace Penn. (1)
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Tom Trestler

(b) Address Farmington Mo.

17. (a) B (b) Date thereof 11-14-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PARK VIEW

18. (a) Signature of funeral director Chicago

(b) Address Farmington Mo.

19. (a) 11-14-45 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Francois

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. near Farmington
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9
year 1945 hour 8 minute 40 AM

21. I hereby certify that I attended the deceased from Aug
1941, to Nov 9 1945;

that I last saw him alive on Nov 9 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature L.M. Harwood (M. D. or other) _____

Address Farmington Mo Date signed 11/14/45

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

JED

Sanitary Health Officer No. 4
File Number 1245-1445
Date Filed 12-10-45

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *C. Hoyle*.....
Licensed Embalmer No. 4084
P. O. Address Farmington 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 this body is not embalmed, fact should be so stated above.