

Irene Mary *Hercules* Trinkler

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Birth: Jul. 16, 1874
 Death: Jun. 13, 1953
 Saint Louis
 St. Louis City
 Missouri, USA

Family links:

Spouse:

[George Trinkler \(1867 - 1946\)](#)

Children:

[Marcella Emma *Trinkler* Schlereth \(1896 - 1992\)*](#)

[Helen F *Trinkler* Reeves \(1901 - 1994\)*](#)

[Lucille B. Trinkler \(1902 - 1994\)*](#)

[Charles Lester Trinkler \(1904 - 1916\)*](#)

[Elenor Trinkler \(1907 - 1907\)*](#)

[Fredrick Bernard Trinkler \(1907 - 1908\)*](#)

[Clifford Trinkler \(1909 - 1998\)*](#)

[Evelyn Eleanor *Trinkler* Petti \(1912 - 1989\)*](#)

[Eugene Leo Trinkler \(1914 - 2001\)*](#)

[George Emmet Trinkler \(1916 - 1970\)*](#)

*[Calculated relationship](#)

Note: Buried: 6/17/1953

Burial:

[New Saint Marcus Cemetery and Mausoleum](#)
 Affton

St. Louis County
 Missouri, USA

[Edit Virtual Cemetery info \[?\]](#)

Created by: [Jenn](#)

Record added: Oct 26, 2008

Find A Grave Memorial# 30898402



Added by: [Gene Trinkler](#)



Added by: [Susan Ing](#)



Cemetery Photo

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23201

State File No.

5993

FILED JUL 2 - 1953

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

5993

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, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits; write RURAL and give township) OR TOWN St. Louis			d. STREET ADDRESS (If rural, give location) 4075 Concordia Ave
d. FULL NAME OF HOSPITAL OR INSTITUTION 4075 Concordia Ave				d. STREET ADDRESS (If rural, give location) 4075 Concordia Ave			
3. NAME OF DECEASED (Type or Print) Irene		a. (First)		b. (Middle) M.		c. (Last) Trinkler	
4. DATE OF DEATH 6-13-1953		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH 7-16-1873		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months Days		IF UNDER 6 WKS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Hercules		13b. MOTHER'S MAIDEN NAME ???		13c. MOTHER'S MAIDEN NAME Lewis		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME George Trinkler			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralysis of Respiratory Center ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral thrombosis (L) DUE TO (c) Paralysis agitans - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NO.				INTERVAL BETWEEN ONSET AND DEATH June 11/1953	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION NO				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? 350X				22. I hereby certify that I attended the deceased from April , 19 52 , to June 14 , 19 53 that I last saw the deceased alive on June 14 , 19 53 and that death occurred at 11:45 Pm. , from the causes and on the date stated above.	
23a. SIGNATURE L. Pollock		(Degree or title) MD.		23b. ADDRESS 3511 So. Grand		23c. DATE SIGNED 6/15/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-17-53		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery		24d. LOCATION (City, town, or county) (State) 7800 Gravois Ave Mo	
DATE REC'D BY LOCAL REG. JUN 16 1953		REGISTRAR'S SIGNATURE Paul Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Ziegenhein ADDRESS 6409 Gravois Ave			

(Licensed Embalmer's Statement on Reverse Side)

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

1 to 4

No. 300-5993

Irene Mary Trinkler



**Maiden Name Irene Mary Hercules
Born in Saint Louis, MO July 16, 1874**

Died : June 13, 1953

Father: Joseph Hercules

Mother: Eva Lander

Married George Emmet Trinkler April 20, 1892

Records in hand

- **Irene's death notice in Saint Louis, MO June 13, 1953.**
- **Her husband George dies December 7, 1946.**
- **1916 her son, Charles Lester Trinkler dies from injuries while playing in railroad cars. He died the day before his 12th birthday.**
- **They go on to have 14 children of which 4 died as infants.**
- **George marries Irene Hercules April 20, 1892.**
- **Irene's mother Eva remarries to Charles Lewis in 1892.**
- **Irene's father Joseph dies in 1889.**
- **Missouri State birth certificate July 16, 1874.**