

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

29095

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **St. Lukes Hospital**)

File No. ....

Registered No. **8684**

St. .... Ward)

**2. FULL NAME**

**Eugene Francis Dressen**

(a) Residence, No. **4932<sup>2</sup> Finkman St.** Ward. ....

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Mar 29, 1910**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	17	5	29	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Clerk**

(b) General nature of industry, business, or establishment in which employed (or employer) **Alden Chem Co**

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St. Louis**  
(STATE OR COUNTRY) **Mo**

10. NAME OF FATHER **Atto Dressen**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **St. Louis**  
(STATE OR COUNTRY) **Mo**

12. MAIDEN NAME OF MOTHER **Cecilia Proehl**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Bellefontaine**  
(STATE OR COUNTRY) **Ills**

14. INFORMANT **Atto Dressen**  
(Address) **4932<sup>2</sup> Finkman Ave**

15. FILED **30 1927** **May 6 Starkoff**

**4 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept 28 1927**

17. I HEREBY CERTIFY, That I attended deceased from **Sept 21**, 19**27**, to **Sept 28**, 19**27**, that I last saw him alive on **Sept 27**, 19**27**, and that death occurred, on the date stated above, at **1:53 p.m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Pneumonia**  
**12/103**  
**129 117 B**  
**1180** (duration) yrs. mos. **7** da.  
CONTRIBUTORY **Acute Dilatation of Stomach with**  
(SECONDARY) **hemorrhage due to Appendicitis** (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: **4932<sup>2</sup> Finkman Street**

DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **Sept 22-1927**

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Operation - Physical Findings**  
(Signed) **Frank S. Pomeroy**, M. D.

, 19 (Address) **1122 Washington - St. Louis**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Memorial Park** DATE OF BURIAL **Oct 1 1927**

20. UNDERTAKER **Wacker-Helders** ADDRESS **2331-5 Bluff**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state CAREFULLY. AGE should be stated EXACTLY.

