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

Do not use this space.

2574

1. PLACE OF DEATH

County St. Louis, Mo. Registration District No. 1123 File No.

Township [illegible] Primary Registration District No. 8248 B, Registered No. 20

City Jefferson Barracks, Mo. (Ward) U.S. Veterans Hospital, Jefferson Brks, Mo.

2. FULL NAME Arthur Dreste

(a) Residence. No. 711 Russell Ave., St. Louis, Mo. Ward. (If nonresident give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Josephine Dreste.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 15, 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	35	10	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Proprietor.
(b) General nature of industry, business, or establishment in which employed (or employer) Bakery Business.
(c) Name of employer In Business for himself.

9. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Joseph J. Dreste.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Missouri.

12. MAIDEN NAME OF MOTHER Minnie Heithold.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Franklin County (STATE OR COUNTRY) Missouri.

14. INFORMANT C. H. Smith, Clinical Director. (Address) U.S. Veterans' Hospital, Jefferson Barracks, Mo.

15. FILED Jan 27, 1930 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 25, 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1929, 19..., to January 25, 1930 that I last saw him alive on January 25, 1930, and that death occurred, on the date stated above, at 6:35 AM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis, Pulmonary, chronic Far Advanced, active.
23A
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) 31
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown.

(1) DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Laboratory findings.

(Signed) W. C. Gibson, M.D., M.D.
(Address) Medical Officer In Charge U.S. Veterans Hospital, Jefferson Brks, Mo.

*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 St Pauls Churchyard — DATE OF BURIAL 1/28 1930

20. UNDERTAKER C. Hoffmeister W. & Co. — ADDRESS 7814 S. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 20 1930

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