

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

Do not use this space.

3511

1. PLACE OF DEATH

County Registration District No. **1791**
 Township Primary Registration District No. **Blow Spr**
 City **St. Louis** (No. **4966**) St. Ward)

File No.
 Registered No. **742**
 St. Ward)

2. FULL NAME **David F. Drenner**

(a) Residence. No. ~~1115 1/2~~ St. **2** Ward. **(Louisiana Ave)**
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. **2** mos. ds. 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) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mrs. Hollenuth**
Mary E. Drenner
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 4, 1858**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 6 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Farmer 1**
 (b) General nature of industry, business, or establishment in which employed (or employer) **Farming**
 (c) Name of employer **Retired Farmer**

9. BIRTHPLACE (CITY OR TOWN) **Charpsburg**
 (STATE OR COUNTRY) **Maryland 7**

10. NAME OF FATHER **John Drenner**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Scotland**
 (STATE OR COUNTRY) **Scotland 8**

12. MAIDEN NAME OF MOTHER **Helen Meyer**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Maryland**
 (STATE OR COUNTRY) **Maryland 2**

14. INFORMANT **Mary E. Drenner wife**
 (Address) **4966 Blow Spr**

15. FILED **JAN 13 1931**
W. C. Starnes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 16 1931**
 17. I HEREBY CERTIFY, That I attended deceased from **Dec 1 1930** to **Jan 16 1931**
 that I last saw h. alive on **Jan 16 1931**, and that death occurred, on the date stated above, at **10:05-1** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uræmia
131
1326 (duration) yrs. mos. **5** ds.
 CONTRIBUTORY (SECONDARY) **Chronic Interstitial Nephritis**
Cerebral Hemorrhage (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 (IF NOT AT PLACE OF DEATH)
 DID AN OPERATION PRECEDE DEATH? **no** DATE OF
 WAS THERE AN AUTOPSY? **no**
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) **H. A. Johnson**, M. D.
1-17 1931 (Address) **6811 1/2 Gravois**

*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 **Windsor Burial Pl** DATE OF BURIAL **1/19 31**

20. UNDERTAKER **Wedemuelled** ADDRESS **672 Gravois**

Exact statement of OCCUPATION is very important. STATE OF DEATH in plain terms, so that it may be properly classified.

