

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

Do not use this space.

42392

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis, Mo. (No. Deaconess Hospital) St. Ward)

File No.
Registered No. 12299

2. FULL NAME Paul Dressler

(a) Residence, No. 6928a Michigan St. 1 Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Mary Dressler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 20, 1900.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 3 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpet Business
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

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

13. NAME Frank Dressler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Effie Hill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Mary Dressler (ADDRESS) 6928 Michigan

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn DATE 12-12-31

19. UNDERTAKER Bouthern Trust Co (ADDRESS) 630 So Grand St

20. FILED DEC 11 1931 Kudry C. Fox Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-10-1931.

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1931, to Dec 10, 1931.
I last saw him alive on Dec 9th, 1931 Death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:

Arterio-sclerotic degeneration
Chronic interstitial nephritis
Hypertension

Other contributory causes of importance:
131
132A
132 131

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. H. Humphreys M. D.
(Address) 243 Beaumont Bldg

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Handwritten notes and scribbles in the bottom left corner, including a diagonal line and illegible characters.