

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

Do not use this space.

33550

1. PLACE OF DEATH

County

Registration District No. 701

Township

Primary Registration District No. 1003

City St. Louis (No. Jewish Hospital)

File No.
Registered No. 8791
St. Ward)

2. FULL NAME

(a) Residence, No. St. 12 Ward. Columbia Hill

(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
alt 68

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 239

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) MO.

MOTHER 13. NAME William Reichert

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

15. MAIDEN NAME Magdaline Frey

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

17. INFORMANT (ADDRESS) Adolph Dreher Columbia Hill

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Hill DATE Oct 3-1932

19. UNDERTAKER (ADDRESS) C. Schneider Columbia Hill

20. FILED -2 1932 19 Max G. Stauffhoff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-23 1932 to 10-1 1932

I last saw her alive on 10-1 1932 Death is said to have occurred on the date stated above, at 10⁵⁵ p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration Date of onset ?
9-23-32
10-1-32
10-30-32
Other contributory causes of importance:
Post-op shock

Name of operation Cholecystectomy Date of 9-30-32

What test confirmed diagnosis? A. u. l. p. p. y. Was there an autopsy? Yes

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)

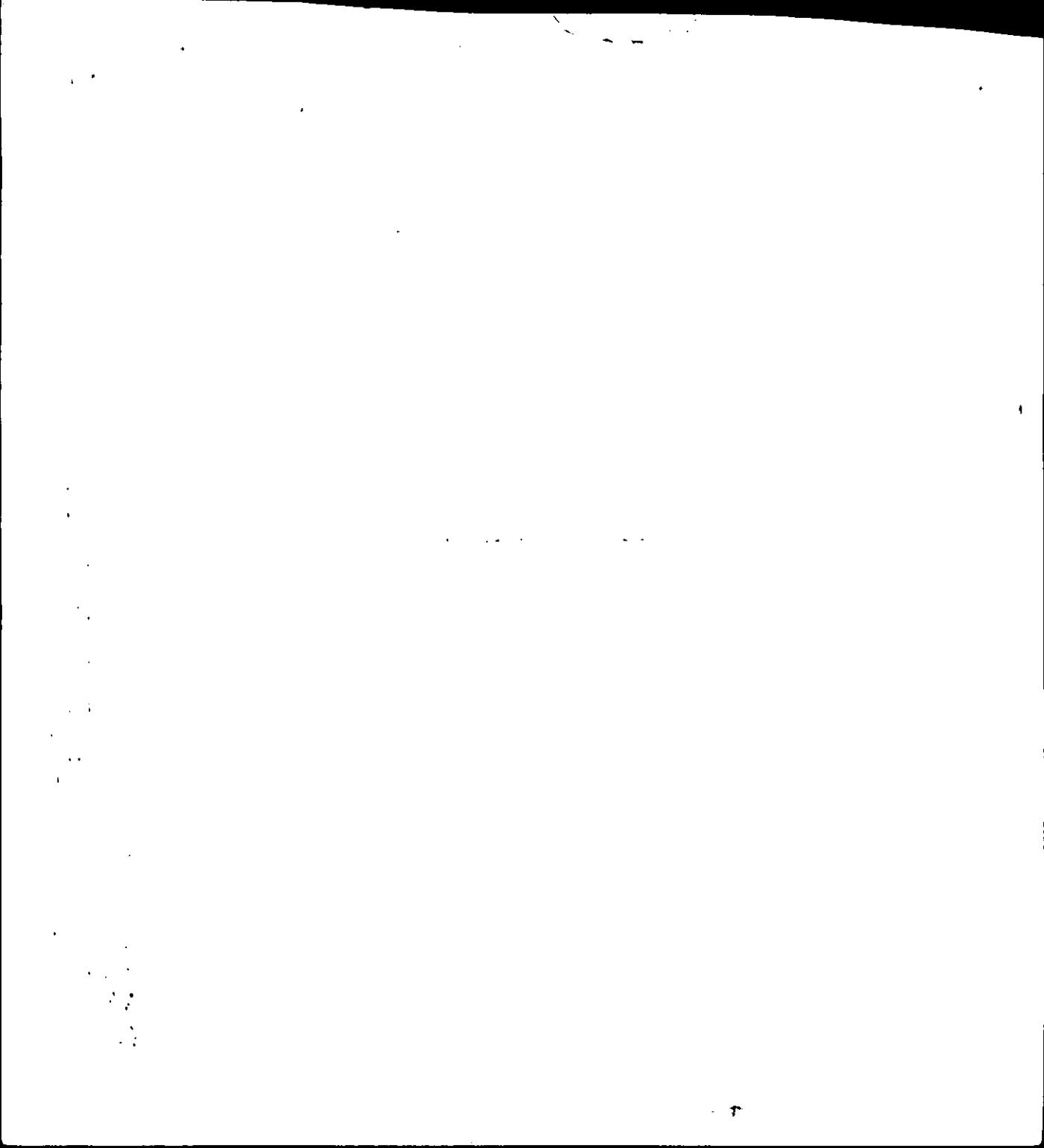
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury (1)

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

(Signed) Carl Pfeiffer, M. D.
(Address) Jewish Hospital

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.



order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Magdaline Dreher

Who died at St. Louis City, Mo. on Oct 1, 1932,
(City) (County) (Date)

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex _____ Color or race _____ Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month 9 Year 32

Birthplace (State or Country) _____

Birthplace of father (State or Country) _____

Birthplace of mother (State or Country) _____

Principal cause of death: Myocardial Degeneration

Other contributory causes of importance Post Operative Shock

Name of operation Cholecystectomy Date of Operation for cholecystitis

What test confirmed diagnosis? Infarction grew over Flame by Dr. H. J. Keefe new York N. Y. Was there an autopsy? by Dr. H. J. Keefe new York N. Y.

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 194-25-33

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

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