

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

Do not use this space.

42107

1. PLACE OF DEATH

County _____ Registration District No. 702
 Township _____ Primary Registration District No. 60183
 City St. Louis (No. 4504, Laclede Ave) St. _____ Ward _____

File No. 11232

Registered No. _____

2. FULL NAME

(a) Residence, No. 4504 Laclede Ave 12 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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 Female 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) June 26 - 1880
 7. AGE 52 YEARS 5 MONTHS 20 DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

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

FATHER 13. NAME Andrew J. Dreas

14. BIRTHPLACE (CITY OR TOWN) Penn (STATE OR COUNTRY) Pa

MOTHER 15. MAIDEN NAME Mary Farrington

16. BIRTHPLACE (CITY OR TOWN) Mass (STATE OR COUNTRY) _____

17. INFORMANT Mary F. Dreas (ADDRESS) 4504 Laclede Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Dec 19 1932

19. UNDERTAKER Wagoner & Co (ADDRESS) 1812 1/2 3621 Olive St.

20. FILED 19 Max Standley Registrar

MEDICAL CERTIFICATE OF DEATH

2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 18 1929 to Dec 16, 1932
 I last saw h. 2 alive on Dec 16, 1932 Death is said to have occurred on the date stated above, at 11:45 a.m.
 The principal cause of death and related causes of importance were as follows:
atherosclerosis Date of onset 1920

57A
 11B 57
 Other contributory causes of importance: Dec 16, 1932
Pulmonary edema

23. Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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? no
 If so, specify _____
 (Signed) Thomas A. Cook, M. D.
Brunswick St. (Address)

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.

