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.

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

Do not use this space.

21207

File No. 4982

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. City Hospital St. ..... Ward)

#3485

2. FULL NAME Lottie Driebel

(a) Residence, No. 320a Walnut St., Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. 25 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)
female	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18th-1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	58	0	19	

OCCUPATION

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

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) (STATE OR COUNTRY) Kampsville Illinois

FATHER

13. NAME Geo. Whisman

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

MOTHER

15. MAIDEN NAME Julia

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

17. INFORMANT (ADDRESS) Hospital Information Grace Hospital City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE Kampsville Ill. DATE 1-6 1933

19. UNDERTAKER (ADDRESS) Rose Undertaking Co. Kampsville Ill.

20. FILED JAN 7 1933 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6th 1933

22. I HEREBY CERTIFY That I attended deceased from June 1st, 1933, to June 6th, 1933

I last saw her alive on June 6th 1933 Death is said to have occurred on the date stated above, at 2.50 m. P.M.

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

	Date of onset
Chronic Alcoholism	6-1-33
Broncho Pneumonia	6-4-33
10 A	
75 B	

75

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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? .....

If so, specify .....

(Signed) Arthur A. Hines, M. D.

(Address) City Hospital