

JUN 24 1935

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

Do not use this space.

21327

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **5231**, Delor St. Ward) (If nonresident, give city or town and State)

2. FULL NAME **August Dressing**

(a) Residence, No. **5231 Delor** St. **14** Ward. (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) **Married**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 27, 1865**
7. AGE YEARS **69** MONTHS **11** DAYS **20** If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Carpenter**
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, Mo.** (STATE OR COUNTRY)

13. NAME **Aug. Dressing**

14. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY)

15. MAIDEN NAME **Anna Linnenbringer**

16. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY)

17. INFORMANT **Rosa Dressing** (ADDRESS) **5231 Delor**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Marcus** DATE **6-19** 19**35**

19. UNDERTAKER **Southern Und. Co.** (ADDRESS) **622 S. Grand Blvd.**

20. FILED **JUN 17 1935** 19 **J. F. Bredek** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/16/1935**

22. I HEREBY CERTIFY, That I attended deceased from **March 15**, 19**35**, to **June 19**, 19**35**.
I last saw him alive on **6/16/1935** 19**35**. Death is said to have occurred on the date stated above, at **5:40 a.m.**

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

Acute myocarditis Date of onset **6/14/35**

Other contributory causes of importance: **1248**
Carbosis of liver **3/15/35**

Name of operation **Left Phys.** Date of
What test confirmed diagnosis? **Left Phys.** 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 **W. H. Walters** M. D.
(Signed) **3608 8th**
(Address)

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.

Dr. W. W. Williams
3608 S. Broadway

2-4