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.

MAR 25 1936

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

Do not use this space.

8733

File No. .....

Registered No. 29

1. PLACE OF DEATH

County St. Louis. Registration District No. 1160

Township ..... Primary Registration District No. 4470

City University City (No. 8357 Elmore Ave. St. ..... Ward)

2. FULL NAME Oliver H. Dreyer

(a) Residence, No. 8357 Elmore St. ..... Ward. .....
(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: 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~~ Anna Dreyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 1858

7. AGE: Years 77 Months 9 Days 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 12/10/1934

11. Total time (years) spent in this occupation 17

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

FATHER

13. NAME Henry Dreyer

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

MOTHER

15. MAIDEN NAME Catherine Hackman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT Anna Dreyer (Wife)
(ADDRESS) 8357 Elmore

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Lebanon DATE 2/29/36

19. UNDERTAKER Kreeger-Vogt Co.
(ADDRESS) 3402 N. Kingshighway

20. FILED Feb. 29, 1936 Lena B. Mollis, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1935, to Feb 27, 1936

I last saw him alive on Feb 27, 1936. Death is said to have occurred on the date stated above, at 6:35 P.m.

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

	Date of onset
Carcinoma of Prostate.	1934

Other contributory causes of importance:

Name of operation Transurethral Section, Date of 9/23/35

What test confirmed diagnosis? Path. & Lab. 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) Chas. F. Rosenberger, M. D.

(Address) 1156 N. Y. & L. Bldg. University City, Mo.