

MAY 7 1936

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

Do not use this space.

17700

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **4854 Bessie Ave.**)

File No.

Registered No. **4483**

St. Ward

2. FULL NAME **William Fred Dreckshage**

(a) Residence, No. **4854 Bessie Ave.** St. **7** 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 **Julia Dreckshage**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 11, 1864**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **71 6 12**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Packer, (Refined)**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Dry Goods (Wholesale)**

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) **St. Louis, Mo.**

FATHER 13. NAME **Frederick Dreckshage**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Mr. Albert E. Rathert** (ADDRESS) **4854 Bessie Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mount Lebanon Cem** DATE **April 25, 1936**

19. UNDERTAKER **Wm. J. Schunscher** (ADDRESS) **4834 Natural Bldg**

20. FILED **APR 24 1936** **J. F. Predeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 23, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **March 27, 1936, to April 7, 1936**

I last saw him alive on **April 7, 1936** Death is said to have occurred on the date stated above, at **10:50 P.M.**

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

Hypostatic Pneumonia
bronchial

Date of onset **4/7/36**

Other contributory causes of importance:
neurism of thoracic aorta
mediastinal tumor benign

Name of operation..... Date of.....
What test confirmed diagnosis? **X-Ray** Was there an autopsy?.....

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) **Fred R. C. Gares M.D.**
(Address) **4337 a Shreve Ave**

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.

