

NOV 4 1936

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

Do not use this space.

39476

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St Louis** (No. **4249 DeSoto Ave**) St. Ward)

File No.
Registered No. **10516**

2. FULL NAME **Harry Carl Drewes**

(a) Residence, No. **4249 DeSoto Ave** St. **10** 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) **Divorced**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 18 1898**
7. AGE YEARS **38** MONTHS **6** DAYS **0** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Chief Machinist**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **in Navy**
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) **Mo**

13. NAME **John F Drewes**
14. BIRTHPLACE (CITY OR TOWN) **St Louis Mo** (STATE OR COUNTRY)

15. MAIDEN NAME **Anna Westholt**
16. BIRTHPLACE (CITY OR TOWN) **St Louis Mo** (STATE OR COUNTRY)

17. INFORMANT **Anna Drewes** (ADDRESS) **4249 DeSoto Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Bethlehem Cem** DATE **Oct 20 1936**

19. UNDERTAKER **Beiderwieden Funeral Home Inc** (ADDRESS) **1936 St Louis Ave**

20. FILED **OCT 20 1936** **J. H. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 18 1936**, 19

22. I HEREBY CERTIFY, That I attended deceased from **Oct 18 1936** to **Oct 18 1936**
I last saw him alive on **Oct 17 1936** Death is said to have occurred on the date stated above, at **6:15 P M**

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

I.P. (Pulmonalis) Date of onset **During War**

Other contributory causes of importance:

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..... **no**

24. Was disease or injury in any way related to occupation of deceased?.....

(Signed) **Alfred H. Foster**, M. D.

(Address) **4244 W. Pleasant**

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 IS A PERMANENT RECORD

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