

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

32638
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(d) Street No. City Hospital No. 1

Registered No. 8692

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 4744 Cote Brillante (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>?</u>		
7. AGE <u>72</u>	YEARS	MONTHS DAYS
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Laborer</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc. <u>not common</u>		
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweeden</u>
13. NAME <u>Unknown</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
15. MAIDEN NAME <u>Unknown</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

17. INFORMANT (ADDRESS) <u>Hosp. Info M. Kent</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Cern</u> DATE <u>Sept 17, 1937</u>
19. FUNERAL DIRECTOR (ADDRESS) <u>Drehmann Haral</u> <u>1905 Union</u>
20. FIDELITY <u>SEP 16 1937</u> <u>Biedeck</u> Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>9/14/37</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>4/11/37</u> to <u>9/14/37</u> I last saw him alive on <u>9/14/37</u> Death is said to have occurred on the date stated above, at <u>10.55p</u> The principal cause of death and related causes of importance were as follows: <u>Carcinoma of bladder (urinary)</u> <u>& metastasis</u> Date of onset <u>1934</u> Other contributory causes of importance: <u>Pneumonia - rt</u> <u>Hypertrophy of prostate</u> Name of operation <u>Fulguration & radium seed implantation</u> Date of <u>2/3/37</u> What test confirmed diagnosis? <u>Autopsy</u> Was there an autopsy? <u>Yes</u> 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 <u>Shoo W. Loamy</u> M. D. (Signed) <u>City Hosp. #1</u> (Address)

STATEMENT BY LICENSED EMBALMER

I, Elmer C Drehrman, Licensed Embalmer No. 3690
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Elmer C Drehrman
.....L. E.
No. 3690 or by Registered Apprentice No.
working under my personal supervision.

Signed Elmer C Drehrman
Licensed Embalmer No. 3690

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)