

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

32759
Do not use this space.

OCT 14 1937

791

8813

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. City Hospital St.
(e) Length of residence in city or town where death occurred Unknown yrs. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank Dressler
(a) Residence, No. 6928a Michigan St. 1
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (late) Effie Dressler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 2nd, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 1 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) Illinois

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Ruth Dressler
6928a Michigan Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Bk 9-22-37

19. FUNERAL DIRECTOR (ADDRESS) Southern Funeral Home
6322 S. Grand Blvd.

20. FILED SEP 21 1937 J. F. Bredeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-19-37

22. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 4:10 a.m.

The principal cause of death and related causes of importance were as follows:
Laceration of scalp Fracture of skull; as a result of injuries sustained at the hands of one George A. Howard et al.

Other contributory causes of importance:
St. Louis Steel Casting Co. 100 East North St. Between the hours of 5:56 and 6:40 AM Sept 17 of 1937

Name of operation..... Date of.....
Method of termination

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide: Accidental Date of injury 9/19/37

Where did injury occur? St. Louis
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Public place

Manner of injury See above
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Joseph M. Zuercher M.D.
(Address) Regency Corner

STATEMENT BY LICENSED EMBALMER

I, Frank Ludwig, Licensed Embalmer No 2504

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E. Frank Ludwig

No. 2504 or by....., Registered Apprentice No.....

working under my personal supervision.

Signed

Frank Ludwig

Licensed Embalmer No. 2504

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.)