

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

8850  
Do not use this space.

1. PLACE OF DEATH REPO LABS 1 1938

(a) County ..... Registration District No. 791  
 (b) Township ..... Primary Registration District No. 1003 Registered No. 2439  
 (c) City St. Louis Mo. (d) Street No. City Hospital St. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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 HATTIE DREYER - 660

(a) Residence, No. 3813 TEXAS AVE. St. 24 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>HENRY DREYER</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-8-1881</u>				
7. AGE	YEARS <u>56</u>	MONTHS <u>8</u>	DAYS <u>3</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>HOUSEWIFE</u>			
	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) <u>ST. LOUIS MO.</u>				
FATHER	13. NAME <u>AUG. SCHRADER</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>			
MOTHER	15. MAIDEN NAME <u>HATTIE MURRAY</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>			
17. INFORMANT <u>ARTHUR ARNITZ</u> (ADDRESS) <u>3848 MERCER ST.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>NEW PICKERS CEM</u> DATE <u>MAR 14</u> 19 <u>38</u>				
19. FUNERAL DIRECTOR <u>JOS. P. FENDLER, JR.</u> (ADDRESS) <u>7128 MICHIGAN AVE.</u>				
20. FILED <u>MAR 12 1938</u> <u>J. D. Bradick</u> Local Registrar.				

No MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11 1938

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 12:30 A.

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

Chronic Myo. Carditis

Other contributory causes of importance:  
Cancer of Breast.

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 4

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify .....  
 (Signed) Alfred J. Perry, M. P.  
 (Address) Alfred J. Perry

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, JOS. P. FENDLER JR., Licensed Embalmer No. 925

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

.....L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed

Jos. P. Fendler Jr.

Licensed Embalmer No. 925

**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.)**