

REC'D APR 1 1938

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

8953

Do not use this space.

2542

791
1003

1. PLACE OF DEATH

- (a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City..... **St. Louis**..... (d) Street No..... **5474 Oriole Ave**..... 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 **Henry Drewes** **L 2 0**

- (a) Residence, No. **5474 Oriole** St. **7** (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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 6 Th 1861		
7. AGE YEARS 77	MONTHS 1	DAYS 29
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesmann		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as saw mill, bank, etc. Heil Chemical		10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation Co		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Evansville Indiana13. NAME **Edward Drewes**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Germany15. MAIDEN NAME **Not Known**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Germany17. INFORMANT **Leo H. Drewes**
(ADDRESS) **5474 Oriole**18. BURIAL, CREMATION, OR REMOVAL
PLACE **Calvary Cemetery** DATE **March 18 Th 38**19. FUNERAL DIRECTOR **Edward H. Hoff**
(ADDRESS) **3514 N 14 St.**20. FILED **MAR 16 1938**
J. F. Brueker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/15 38**22. I HEREBY CERTIFY, That I attended deceased from **2/26 38** to **3/15 38**
I last saw him alive on **3/15 38** Death is saidto have occurred on the date stated above, at **10 am**
The principal cause of death and related causes of importance were as follows:

Apoplexy
(Hemiplegia)
Cerebral Haemorrhage
(Non Traumatic)

Date of onset
2/26 38Other contributory causes of importance:
Arterial Sclerosis = 82Name of operation _____ Date of _____
What test confirmed diagnosis? **Urinal Signs** 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 _____24. Was disease or injury in any way related to occupation of deceased? **No**If so, specify _____ (Signed) **John H. Taylor**, M. D.(Address) **4244 W. Constant**

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 1591

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.)