

REC'D AUG 12 1938

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

791  
100823421  
Do not use this space.

Registered No. 6115

## 1. PLACE OF DEATH

- (a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No.....  
 (c) City St. Louis (d) Street No. City Hospital No. 1 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 38 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

D. 4751

## 2. PRINT FULL NAME.....

- (a) Residence, No. 3718 California (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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(If the word "MARRIED" is written in the space above, it is assumed that the person was married at the time of death.)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Dritsch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
67 67 10 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

hwk

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 Henry Breisher

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

15. MAIDEN NAME Catherine Deisel

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

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Millstadt Ill. DATE 7-11-38 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Deardorff Hoffmeyer  
7016 Chippewa St.

20. FILE JUL 8 1938 J. P. Redick  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/7/38 19

22. I HEREBY CERTIFY That I attended deceased from 7/6/38 to 7/7/38 19

I last saw her 7/7/38 alive on 7/7/38 19. Death is said to have occurred on the date stated above, at 6.55 p.m.

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

Arteriosclerotic Heart Disease  
Coronary Occlusion

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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.....

(Signed) V. E. Fredenburgh 1, M. D.

(Address) City Hospital No. 1

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*Edwin H. Leisinger*

Licensed Embalmer No.....

*4049*

P. O. Address.....

*4016 Chippewa*

**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.)**

**If this body is not embalmed, above space should be left blank.**