REC'D MAY 12 1939

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

14453
Do not use this space.

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.

16
1
4

1. PLACE OF DEATH
(a) County Cape Girardeau — Registration District No. 125
(b) Township — Primary Registration District No. 3009 — Registered No. 169
(c) City Cape Girardeau — (d) Street No. St. Mo Hospital 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 Irene Dreyer
(a) Residence, No. St.
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14 1925

7. AGE — Years 13 — Months 7 — Days 15 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
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. School Girl
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) Frohna Mo.

FATHER
13. NAME Martin Dreyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis Mo

MOTHER
15. MAIDEN NAME Natalie Gerler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wittenberg Mo

17. INFORMANT (ADDRESS) Martin Dreyer Seventy Six Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Frohna DATE May 2 1939

19. FUNERAL DIRECTOR (NAME) McCombs & Su Co.
(ADDRESS) Jackson Mo

20. FILED 4-29 1939 J. M. Thompson Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29th 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 10th 1939 to April 29th 1939
I last saw her alive on April 29th 1939. Death is said to have occurred on the date stated above, at 1 o. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pleural Empyema | Mar |
| | 1939 |

Other contributory causes of importance:

| | |
|---|---|
| Lobar Pneumonia | Dec. |
| | 1938 |

Name of operation Rib resections Date of 3/10/39
What test confirmed diagnosis? operation 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) G. B. Schultz, M. D.
(Address) Cape Girardeau Mo.

(Licensed Embalmer's Statement on Reverse Side)

## 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.....

Licensed Embalmer No.....

P. O. Address.....

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

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