

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34092

NOV 13 1939  
Registration District No. 791

Primary Registration District No. \_\_\_\_\_

Registrar's No. 8630

1. PLACE OF DEATH 2  
(a) County 4950 Quincy  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 60 yrs. (years, months or days)

8. (a) PRINT FULL NAME Otto Dreste L23  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. 493-10-8066

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Amanda 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased November 9 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>10</u>	<u>28</u>	_____ hr. _____ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Electrical worker

11. Industry or business Public Service Co.

MOTHER FATHER  
12. Name Charles Dreste  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Kohrmann  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Amanda Dreste  
(b) Address 4950 Quincy

17. (a) Burial (b) Date thereof Oct. 10, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial

18. (a) Signature of funeral director Jack Ziegenhein  
(b) Address 7027 Gravois Ave

19. (a) OCT 9 1939 (b) J. B. [Signature]  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 1  
(c) City or town St. Louis 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4950 Quincy  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7  
year 1939 hour 8:30 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from 4-25, 1929, to 10-7, 1939,  
that I last saw him alive on 10-7, 1939,  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Broncho pneumonia</u>	<u>3 days</u>
Due to <u>Chronic myocarditis</u>	<u>3 years</u>
Due to _____	_____

Other conditions neurofibromatosis year  
(Include pregnancy within 3 months of death)

Major findings: Non Malignant  
Of operations \_\_\_\_\_  
Of autopsy no P3C  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Engelene A. Vogel (M. D. or other) M.D.  
Address 2225 S. Grand Date signed 10-9-39

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.

WHITE PAPER—USE UNFADING—BLACK INK—MAKE A PERMANENT RECORD

**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.....

*C. P. Kidwell*

Licensed Embalmer No.....

*3877*

P. O. Address.....

*6937<sup>a</sup> Graves*

**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.**