

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

STANDARD CERTIFICATE OF DEATH

34740

State File No.

Registrar's No.

9278

Registration District No. 1002

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Saint Louis, Missouri.
 (c) Name of hospital or institution: 1110 Arsenal Street.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Henerietta Driemeyer. 656
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married.
 6. (b) Name of husband or wife Fred Driemeyer 6. (c) Age of husband or wife if alive 82 years
 7. Birth date of deceased December 24th, 1862.
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>10</u>	<u>4</u>	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name ? Kolhrer.

13. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Chas. W. Driemeyer

(b) Address 1110 Arsenal Street.

17. (a) Burial (b) Date thereof October 31, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Riesenhain Bros.

(b) Address 223 Cherokee Street.

19. (a) OCT 30 1939 (b) J. F. Bredesch
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
 (c) City or town Saint Louis.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1110 Arsenal Street. 24
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28
 year 1939 hour 6 minute _____ P. M.

21. I hereby certify that I attended the deceased from October 7
October 25, 1939, to October 28, 1939;
 that I last saw him alive on October 28, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 1 da.
 Due to Chronic Interstitial Nephritis 2 year.

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

PHYSICIAN _____
 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature Julius Chas. Koller (M. D. or other) M.D.
 Address 2603 Cherokee St Date signed Oct 29, 1939

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.....

W E Morris

Licensed Embalmer No. *3360*

P. O. Address *2623 Cherokee*

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.