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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27213

FILED SEP 25 1940

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 7109

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days)
In this community (30) Years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS. 23
(If outside city or town limits, write "RURAL")

(d) Street No. 1814 S 13th St/
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 30 Years years.

3. (a) PRINT FULL NAME Thomas Dresner 1.25

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Separated

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Dec 27 (Month) 1864 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
75	7	26	hr. min.

9. Birthplace Austria (City, town, or county) (State or foreign country)

10. Usual occupation Day Laborer

11. Industry or business

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Thomas Dresnar Jr.

(b) Address 1814 S 13th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 24/40 (Month) (Day) (Year)

(c) Place: burial or cremation S.S.PETER & PAUL

18. (a) Signature of funeral director Thos Curtis

(b) Address 2906 Gravois Ave.

19. (a) AUG 23 1940 (Date received by Registrar) (b) J. P. Bulbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22. year 1940 hour 12:10 minute A. M.

21. I hereby certify that I attended the deceased from August 19. 1940 to August 22. 1940; that I last saw him alive on August 22. 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peritonitis, Acute Diffuse	2 days
Due to Perforation of Intestine (Ulcer? of Intestine)	2 days
Due to cerebral arteriosclerosis	yrs
Other conditions (Include pregnancy within 3 months of death) Syphilis	years

Major findings:
Of operations

Of autopsy Same as above

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Walter Ford (M. D. or other)

Address 1515 Lafayette Ave., Date signed 8/22/40

(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 .....

Leo Budde, Registered Apprentice No. .....

working under my personal supervision.

Signed Leo Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, M

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

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