

NOV 16 1940 791

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town SAINT LOUIS:
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5559 DELMAR BLVD:
 (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 STELLA DRESSSELL

3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex FEMALE
 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife HARRY M. DRESSSELL
 6. (c) Age of husband or wife if alive DECEASED years

7. Birth date of deceased SEPTEMBER 26 1875:
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 # 10 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 ENGLEBERT VOERSTER13. Birthplace SAINT LOUIS MISSOURI:
(City, town, or county) (State or foreign country)14. Maiden name HANNA PARKER15. Birthplace SAINT LOUIS MISSOURI:
(City, town, or county) (State or foreign country)16. (a) Informant VILA VOERSTER(b) Address # 5559 DELMAR BLVD:

17. (a) BURIAL (b) Date thereof 10/ 8/40.
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE CEMETERY:18. (a) Signature of funeral director C. R. LUPTON AND SONS(b) Address # 7233 DELMAR BLVD:

19. (a) OCT 7 1940 (b) [Signature]
 (Date received locally by registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI: (b) County _____
 (c) City or town SAINT LOUIS: 12
 (If outside city or town limits, write "RURAL")
 (d) Street No. # 5559 DELMAR BLVD:
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 6th
 year 1940. hour 2; minute P. M.

21. I hereby certify that I attended the deceased from 1936
 19 Oct 6 19 40.
 that I last saw her alive on Oct 6 19 40.
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration Duration 3 yrs.

Due to diabetes 10 yrs.

Due to _____

Other conditions Senility
 (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 [Signature] (M. D. or other) _____

Address 5427 Delmar Date signed 10-6-40.

FD-0392
4:30-5:00 p.m.

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 Bradford A. Miles
Licensed Embalmer No. 2901
P. O. Address St. Louis, Mo.

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

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