

RECORDED FEB 25 1941
Registration District No. **791**

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution 3535 So. Spring
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 70 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph P. Dreste

3. (b) If veteran, name war -

3. (c) Social Security No. _____

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Catherine

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased July 31 1849
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>91</u>	<u>5</u>	<u>20</u>	hr. min.

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

10. Usual occupation Retired

11. Industry or business -

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Frank Dreste (son)

(b) Address 3535 So. Spring

17. (a) Cremation (b) Date thereof 1/23/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Wacker-Heldrich U.S. Co.

(b) Address 3634 Gravois

19. (a) JAN 22 1941 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 16 17

(d) Street No. 3535 So. Spring
(If rural, give location) 9

(e) If foreign born, how long in U. S. A.? 70 years 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21
year 1941 hour 10:00 minute 0 M.

21. I hereby certify that I attended the deceased from Dec 25 1938, 1941
Jan 21, 1941
that I last saw him alive on Jan 21, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death uraemia caused by chronic nephritis

Due to _____

Due to _____

Other conditions arterio sclerosis 10 years
(Include pregnancy within 3 months of death)

Major findings: 131 1/2

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? _____

(Specify type of place)

While at work _____ (e) Means of injury _____

23. Signature E. B. Simpson (M.D. or other) M.D.
Address 3739 Gravois Ave Date signed 1/21/41

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.....

Frank J. DeLand
2645
St. Lawrence

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, fact should be so stated above.