

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.

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16481
State File No. _____
Registrar's No. **3999**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(c) Name of hospital or institution: **City Infirmary**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 years**
In this community _____
years, months or days

8. (a) PRINT FULL NAME **Mathilda Dresser**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Roman Dresser** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Mar 22 1860**
(Month) (Day) (Year)

8. AGE: Years **81** Months **1** Days **19** If less than one day _____ hr. _____ min.

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

10. Usual occupation **None**

11. Industry or business _____

MOTHER FATHER
12. Name **Charles Cronenbold**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Bertha Seebold**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Wm. Cronenbold**

(b) Address **4955 Magnolia Avenue**

17. (a) **Burial** (b) Date thereof **05 24 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Old St. Marcus Cemetery**

18. (a) Signature of funeral director **Wm J. Robert & Co.**
(b) Address **1905 So. Grand Blvd.**

19. (a) **MAY 12 1941** (b) **J. J. Bresch**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **0111**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **City Infirmary**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **11 1/2** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **11**
year **1941** hour **12:30** minute **A** M.

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

Immediate cause of death **Coronary Occlusion
Arteriosclerosis**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: Of operations _____

Of autopsy _____

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? **3**

While at work? _____ (Specify type of place)
(e) Means of injury **3**

23. Signature **Thomas Calder** (M.D. or other) _____

Address **Deputy, Cronen** Date signed **5/12/41**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 John Ketter
Licensed Embalmer No. 3880

P. O. Address.....

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.