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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23199

Registration District No. FILED AUG 28 1941 791

Primary Registration District No. 1003

Registrar's No. 5551

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 3243 S. Jefferson Av. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

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

(d) Street No. 3243 S. Jefferson Av. (If rural, give location)

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

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3. (a) PRINT FULL NAME Martha Drees

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Henry Drees

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

7. Birth date of deceased Jan. (Month) 16. (Day) 1856 (Year)

8. AGE: Years 85 Months 5 Days 19 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Henry Braschler 5
13. Birthplace (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Unknown Schoene
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Lydia Levery

(b) Address 3455 Montana Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-41 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews Cem

18. (a) Signature of funeral director Witt Bros. Lr Nlo

(b) Address 2929 S. Jefferson Av

19. (a) JUL 5 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1941 hour 10 minute 00 a. M.

21. I hereby certify that I attended the deceased from June 29, 1941, to July 4, 1941; that I last saw her alive on July 4, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	10 days
Due to	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Wm. F. Simon, M.D. (M. D. or other)

Address 1115 Victor St. Louis, Mo. Date signed 7.5.41

(Licensed Embalmer's Statement on Reverse Side) Tel. Grand 0078.

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 Paul A. Shanklin, Registered Apprentice No. ..... working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 9998 S. Jeff

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, fact should be so stated above.