No. 2
-1-4-41
5-17-39
1 x

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26800

FILED SEP 17 1941

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 6592

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 2100a North 14th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community 13 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 269
(If outside city or town limits, write "RURAL")

(d) Street No. 2100a N. 14th Str.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mrs. Anna Jane Dreher

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife C.O. Dreher

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased June (Month) 11th (Day) 1872 (Year)

8. AGE: Years 69 | Months 1 | Days 29 | If less than one day hr. min.

9. Birthplace London Eng. (City, town, or county) 4 (State or foreign country)

10. Usual occupation housework

11. Industry or business

FATHER
12. Name Edw. Ayers
13. Birthplace England (City, town, or county) 4 (State or foreign country)

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

16. (a) Informant Mrs. Helen McDowell-daughter
(b) Address 2100a N. 14th Str

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-13-41 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Henry Leidner Und. Co
(b) Address 2223 St. Louis Mo.

19. (a) AUG 12 1941 (Date received local registrar) (b) J. W. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10 year 1941 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from about March, 1929 to August 3, 1941 that I last saw her alive on August 3, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Mitral regurgitation	10 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Haemiplegia-right	7 mos.

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 George R. Pennington (M. D. or other)
Address 3746 Connecticut Date signed Aug 11-41
St. Louis Mo.

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St Louis ave.

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.