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4-41  
7-39  
X26390

Registration District No. **791**

Primary Registration District No. **1003**

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: Faith Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 54 years (Specify whether  
In this community 54 years years, months or days)

3. (a) PRINT FULL NAME Jennie Dreves  
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F.! 5. Color or race W. 6. (a) Single, widowed, married, divorced W.?  
6. (b) Name of husband or wife William A. Dreves 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Jan. 12th., 1871 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 8 26 hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name William Sinclair  
13. Birthplace Scotland (City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Campbell  
15. Birthplace Scotland (City, town, or county) (State or foreign country)

16. (a) Informant Wm. J. Dreves  
(b) Address 5622 Park Lane

17. (a) Burial (b) Date thereof 10-11-41 (Month) (Day) (Year)  
(c) Place: burial or cremation

18. (a) Signature of funeral director Calvary  
Arthur J. Donnelly  
(b) Address 3840 Lindell Blvd.

19. (a) OCT 9 1941 (b) J. K. Bradeck (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 4010a Lincoln Ave. (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8th. year 1941 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct 8, 1941 that I last saw him alive on Oct 8, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Disease  
Due to Arterio Sclerosis  
Due to

Other conditions (Include pregnancy within 3 months of death)  
Major findings: PH  
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?

23. Signature John J. Kehoe (Specify type of place) (e) Means of injury  
John J. Kehoe (M. D. or other)  
Address 4145 N. Louis Date signed 10/9/41

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

