

S. No. 2
M-9-4-41
v. 5-17-39
X29484
16803

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

8489
2899

FILED APR 13 1942 791

STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County G. 000

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

(d) Street No. 4711 Natural Bridge
(If rural, give location)

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

3. (a) PRINT FULL NAME Louise Draeger

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 Widowed

6. (b) Name of husband or wife Late Charles Draeger 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased About 1872
(Month) (Day) (Year)

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

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

10. Usual occupation Housework.

11. Industry or business _____

MOTHER FATHER

12. Name Unknown.

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

14. Maiden name Unknown.

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

16. (a) Informant Charles Draeger
(b) Address 2522a Warren St.

17. (a) Burial (b) Date thereof 4-1-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cem.

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

19. (a) APR 31 1942 (b) J. F. Bredes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30, year 1942 hour 3:00 minute 05 A.M.

21. I hereby certify that I attended the deceased from March 28, 1942, to March 30, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Arteriosclerotic Heart Disease

Due to General Arteriosclerosis

Other conditions 9/30
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations _____
Of autopsy Not done.

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 M. W. Davis (M. D. or other) _____
Address 1515 Lafayette Date signed 3/30/42

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

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.