

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34762

State File No. 2

Registrar's No. 2257

FILED NOV 6 1942

Registration District No. 784

Primary Registration District No. 202

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Wellston

(c) Name of hospital or institution:  
6534 Hobart Ave. /

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Wellston

(d) Street No. 6534 Hobart Ave.

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME SANDRA LEA DREYER.

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28th. year 1942 hour 3 minute 30 A.M.

4. Sex Female / 5. Color or race White

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

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

7. Birth date of deceased September 19th. 1937.

21. I hereby certify that I attended the deceased from Oct 27 1942 to Oct 27 1942 that I last saw him alive on Oct 27 1942 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

5 1 9 hr. min.

Immediate cause of death..... Duration

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

9. Birthplace St. Louis County, Missouri.

10. Usual occupation School Girl.

11. Industry or business Wellston School.

MOTHER FATHER

12. Name William W. Dreyer.

13. Birthplace St. Louis, Missouri.

14. Maiden name Geneva Sullins.

15. Birthplace Marion, Illinois.

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. William W. Dreyer.

(b) Address 6534 Hobart Ave.

17. (a) Burial (b) Date thereof 10-30-1942

(c) Place: burial or cremation Geo. L. Pleitsch Inc.

18. (a) Signature of funeral director 5966-68 Easton Ave.

(b) Address.....

19. (a) OCT 20 1942 (b) C. H. McFarland

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?.....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)..... (c) Means of injury.....

23. Signature C. H. McFarland (M. D. or other) M.D.

Address 1194 N. ... Date signed 10-27-42

Dr. Orville O. White.  
1194 Hodiæmont Ave.  
Cabane 8755

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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.....

*Leonard W. Traeger*....., Registered Apprentice No. *346*  
working under my personal supervision.

Signed *Leonard W. Traeger*.....  
Licensed Embalmer No. *2678*  
P. O. Address *St. Louis, Mo.*

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.