

FILED JAN 20 1943
Registration District No. 318

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town.....

(c) Name of hospital or institution: 225 Bates Street 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
En Route City Hosp # (Specify whether
years, months or days)

3. (a) PRINT FULL NAME George Dreyer

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased. July 28, 1894
(Month) (Day) (Year)

8. AGE: Years 48 Months 5 Days 16 If less than one day hr. min.

9. Birthplace. St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation. Guard

11. Industry or business. Kilgern Organ Co.

MOTHER FATHER { 12. Name. Jerome Dreyer

{ 13. Birthplace. Alsace Lorraine
(City, town, or county) (State or foreign country)

{ 14. Maiden name. Aurelia Bernhart

{ 15. Birthplace. Alsace Lorraine
(City, town, or county) (State or foreign country)

16. (a) Informant. Lucien J. Dreyer

(b) Address. 1706 N. Delaware, Indianapolis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 1-16-42 Ind
(Month) (Day) (Year)

(c) Place: burial or cremation. New SS. Peter & Paul

18. (a) Signature of funeral director. John H. Gibson Song

(b) Address. 2630 Gravois Avenue

19. (a) JAN 16 1943 (Date received local registrar) J. F. [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 100

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

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

(d) Street No. 225 Bates Street (If rural, give location)

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

No attending Physician

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14
year 1943 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from....., 19..... to....., 19.....; that I last saw h. in alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis with Occlusion of the Left Coronary Artery Parenchymatous Nephritis (sub acute)

Due to.....

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations..... Of autopsy.....

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) (a) Means of injury

23. Signature [Signature] (M. D. or other) Address [Signature] Date signed 1/16/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

#10

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.....

Robert J. Sedken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois

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.