V. S. No. 2
50M—9-4-41
Rev. 5-17-39
Form I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1943

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

205

State File No. 657

Registrar's No.

**1. PLACE OF DEATH:**

(a) County

(b) City or town S t. L ouis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Baptist Hospital 0
(If not in hospital or institution, write street number or location)

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000 17 95

(c) City or town S t. L ouis
(If outside city or town limits, write "RURAL")

(d) Street No. 6043 Kingsbury Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME HARRIET E. DRING

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 Widow

6. (b) Name of husband or wife Charles Dring

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

7. Birth date of deceased 10 (Month) 10 (Day) 1874 (Year)

8. AGE: Years 68 Months 3 Days 10 If less than one day hr. min.

9. Birthplace S t. L ouis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Joseph T. Watkins

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

MOTHER 14. Maiden name Caroline Wayne

MOTHER 15. Birthplace Strausberger (City, town, or country) France (State or foreign country) 5

16. (a) Informant John J. Kistner

(b) Address 9433 Way ave Overland, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) JAN 22 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 20 year 1943 hour 2.50 minute P. M.

21. I hereby certify that I attended the deceased from Jan 20 Only, 1943 to 1 P.M., 19 that I last saw h. alive on 1.10 P.M. Jan 20 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Brain abscess?
Cause not known

Due to Upper respiratory infection

Due to Pneumonia Bronchial

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

Major findings: Of operations — 107

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. J. Pegue (M. D. or other)

Address Wunderwitz Clinic Date signed 1-21-43

(Licensed Embalmer's Statement on Reverse Side)

R Payne

**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 Jas. E. McCulloh

Licensed Embalmer No. 2466

P. O. Address 6175 Delmar

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.**