S. No. 2
M—5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4124

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 1033

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

1. PLACE OF DEATH:

(a) County

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

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

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri. (b) County 17 9

(c) City or town St.Louis. 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1416a Penrose St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles C.Drieke.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Late Catherine Drieke.

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

7. Birth date of deceased January 7 1857
(Month) (Day) (Year)

8. AGE: Years 86 | Months 0 | Days 23 | If less than one day hr. min.

9. Birthplace St.Louis, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter.

11. Industry or business

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

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Charles B.Drieke.
(b) Address 8815 Park Lane/

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-43 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.

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

19. (a) FEB 1 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30
year 1943 hour 8 A.M. minute M.

21. I hereby certify that I attended the deceased from Jan 18, 1943 to Jan 30, 1943
that I last saw him alive on Jan 30, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: myocarditis chronic	
interio-Sclerosis	unknown
Due to Senility	
Due to	
Other conditions Senility	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy as above

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 F. S. Gibbs (M. D. or other) M.D.
Address 5298 Page Date signed 1/30/43

(Licensed Embalmer's Statement on Reverse Side)

Dr Gibbs - Pagefunion
F03770. 12-1 P.m.

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 John P. Buchholz

Licensed Embalmer No. 1674

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.