

ED MAY 18 1949

Registration District No. **318**

Primary Registration District No. **1003**

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:
St. Antonys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 4621 Delor
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Eva Dreher

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased January 27, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>3</u>	<u>9</u>	hr. _____ min. _____

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER {

12. Name Speck

13. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

14. Maiden name Speck

15. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Dreher

(b) Address 4621 Delor

17. (a) burial (b) Date thereof 5/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J. L. Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) MAY 10 1949 (b) J. J. Medek
(Date received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th
year 1943 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from April 19, 1943 to May 6, 1943
that I last saw her alive on May 6, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombo-phlebitis of veins of left arm
Due to Thromboses Duration 2 days
multiple
Due to Chronic myeloid leukemia Duration 5 days
Other conditions Chronic myeloid leukemia Duration 2 yrs
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 93

Of operations _____

Of autopsy _____

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)

() Means of injury _____

23. Signature H. A. O'Sullivan (M. D. or other) 1787
Address 421 W. Schurmer Date signed 5/10/43

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..... *E. P. Tidwell*.....
Licensed Embalmer No..... *3877*.....
P. O. Address..... *7027 Hawaii*.....

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.