

FILED JUN 14 1943 318

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County: St. Louis  
(b) City or town: St. Louis  
(c) Name of hospital or institution: 5604 Itaska Ave. /  
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Lillie K. Dreher

3. (b) If veteran, name war: None  
3. (c) Social Security No.: None

4. Sex: Female  
5. Color or race: White  
6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: John Dreher  
6. (c) Age of husband or wife if alive: 77 years

7. Birth date of deceased: Jan. 14th 1868  
(Month) (Day) (Year)

8. AGE: Years 75, Months 4, Days 19, If less than one day hr. min.

9. Birthplace: Kirkwood, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

12. Name: Samuel E. Stevens

13. Birthplace: Mo. (City, town, or county) (State or foreign country)

14. Maiden name: Emily F. Ladaine

15. Birthplace: Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: John Dreher

(b) Address: 5604 Itaska Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-7-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Sunset Burial Park

18. (a) Signature of funeral director: Kriegshauser Mortuaries

(b) Address: 4228 So. Kingshighway Blvd.

19. (a) JUN 4 1943 (Date received for local registry) (b) J. F. Braddock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Louis  
(c) City or town: St. Louis  
(d) Street No.: 5604 Itaska Ave.  
(e) Citizen of foreign country? (Yes or No) No  
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 2nd year: 1943 hour: 11:05 minute: P.M. M.

21. I hereby certify that I attended the deceased from March 2nd 1943 to June 2nd 1943 that I last saw her alive on June 2nd 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis

Due to: Chronic arthritis

Due to:

Other conditions: Enteritis stomatitis

Major findings: Of operations: 1/20

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) (e) Means of injury:

23. Signature: Dr. Robert M. ... (M. D. or other) Address: 4401 Virginia Ave. Date signed: 6/9/43

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

MOTHER FATHER

General Hygiene Case  
No 2997

9-12

**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 Richard W. Howard

Licensed Embalmer No. 4007

P. O. Address.....

**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.