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S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 17 1943

Registration District No. 217

Primary Registration District No. 6076

Registrar's No. 1588

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Pine Creek Home for the Aged
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. Gravois Road
(If rural, give location)

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

3. (a) PRINT FULL NAME Henry Dressel

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th
year 1943 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 4th 1943 to July 4th 1943
that I last saw him alive on July 1st 1943
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased October 9, 1857
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis

Due to

8. AGE: Years Months Days If less than one day

85 8 25 hr. min.

Due to

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

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

10. Usual occupation Retired gardener

PHYSICIAN

Major findings:
Of operations G 2/1

Of autopsy.....

Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name Casper Dressel

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

14. Maiden name Alt

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

16. (a) Informant John M. Dressel

(b) Address Sappington, Mo.

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

(c) Place: burial or cremation Park Hill Cemetery

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

(b) Address 7027 Gravois

19. (a) JUL 12 1943 (b) E. J. McDevan
(Date received local registrar) (Registrar's signature)

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 R. W. Jansen (M. D. or other).....
Address Manchester Mo. Date signed 7/5/43

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

MOTHER FATHER

OCT 20 1943

Handwritten notes and stamps in the top right corner, including a signature and some illegible text.

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 Clarence S. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Irons

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.