

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34649

State File No. _____

NOV 6 1943

Registration District No. 118

Primary Registration District No. 4190

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Bland, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community 21 years

3. (a) PRINT FULL NAME Louis Jacob Drewel

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fauline 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Nov. 15 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation retired

11. Industry or business William Drewel

12. Name William Drewel Germany 4
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Louise Scheinmann
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred Krueger
(b) Address Bland, Mo.

17. (a) Burial (b) Date thereof 10-18--43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Evangelical Cemetery

18. (a) Signature of funeral director Sassmann's Funeral Service

(b) Address Bland, Mo.

19. (a) Oct. 18, 1943 (b) Myrtle M. Wendel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gasconade 37
(c) City or town Bland 3
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16
year 1943 hour 12 minute 35 AM.

21. I hereby certify that I attended the deceased from Oct. 12, 1943 to Oct. 16, 1943;
that I last saw him alive on Oct. 15, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac decompensation with dilatation of heart 4 days.
Due to Cardio-vascular-renal disease 6 mos.

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None 1312
Of autopsy None

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 Paul A. Bruner (M. D. or other) MD
Address Owensville, Mo. Date signed 10-18-43

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

1281

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.....

Chester J. Sassman

Licensed Embalmer No.

4178

P. O. Address.....

Bland - 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.