

No. 2
2-43
17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 27 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

258

State File No. _____

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. _____

1. PLACE OF DEATH: 318
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: Mo. Baptist Hospital
(d) Length of stay: 2 weeks
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 299
(a) State Missouri (b) County 96
(c) City or town Ferguson 6
(d) Street No. 400 S. Clark Ave NR.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME August Dreisvogt
3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Minnie Dreisvogt 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 11, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 9 28 hr. _____ min.

9. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
10. Usual occupation Retired

MOTHER FATHER { 12. Name Casmier Dreisvogt
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Wilhelmina
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edna Cordelair
(b) Address 400 S. Clark Ave Ferguson Mo
17. (a) Burial (b) Date thereof 1/11/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) JAN 17 1944 (b) J. F. Brudick
(Date received local jurisdiction) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 8th
year 1944 hour 7:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from Dec. 21, 1943 to Jan. 8, 1944
that I last saw him alive on Jan 8, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 4 days
12/1/43
Due to Subacute appendicitis ?
Due to Cholera ?
* Coronary Arteriosclerosis ?
Other conditions Atherosclerosis ?
(Include pregnancy within 3 months of death)

Major findings: Chronic cholecystitis
Of operations Subac. Appendicitis
Of autopsy See above diagnosis

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) none
(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 John Hayward (M.D. or other)
Address W. J. Walden Bldg. Date signed 1/10/44

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

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 Francis A Williams

Licensed Embalmer No. 3565

P. O. Address St. Louis, 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.