

**FILLED FEB 13 1945**  
Registration District No. **317**

Primary Registration District No. **6076**

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

**1. PLACE OF DEATH:**  
(a) County **St. Louis**  
(b) City or town **Manchester**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Manchester Nursing Home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 weeks** (Specify whether  
In this community **Life** (Specify whether  
years, months or days) **4**

**3. (a) PRINT FULL NAME** **John F. Dreckshage**  
**3. (b) If veteran,** name war **No** **3. (c) Social Security** No. **None**

**4. Sex** **Male** **5. Color or** **White** **6. (a) Single, widowed, married,** **divorced** **Married**  
**6. (b) Name of husband or wife** **Rosa Dreckshage** **6. (c) Age of husband or wife if** **alive** **76** **years**  
**7. Birth date of deceased** **March 23, 1861.**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>83</b>	<b>9</b>	<b>16</b>	.....hr. ....min.

**9. Birthplace** **St. Louis, Missouri** (City, town, or county) (State or foreign country)  
**10. Usual occupation** **Retired - Former Storekeeper**

**11. Industry or business** **City Water Works, St. Louis**

**12. Name** **Unknown**  
**13. Birthplace** **Unknown** (City, town, or county) (State or foreign country)  
**14. Maiden name** **Unknown**  
**15. Birthplace** **Unknown** (City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs. Rosa Dreckshage**  
**(b) Address** **4843 Hanover Ave.**

**17. (a)** **Burial** **(b) Date thereof, Jan. 11, 1945.**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **St. Peters Cemetery**

**18. (a) Signature of funeral director** **Calvin F. Feutz Funeral Home**  
**(b) Address** **4828 Natural Bridge Blvd.**

**19. (a)** **JAN 12 1945** **(b)** **E. J. McLaughlin**  
(Date received) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")  
(d) Street No. **4843 Hanover Ave.** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **January** day **9th**  
year **1945** hour **12:30** minute **A.** M.  
**21. I hereby certify that I attended the deceased from** **January 25**, 1941, to **Jan 9**, 1945,  
that I last saw him alive on **Jan 7**, 1945,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration  
Due to **9.3 d**  
Due to .....

Other conditions **Senile Dementia**  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
Major findings:  
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)  
(e) Means of injury **Ⓞ**  
Signature **A. F. Pley** (M. D. number) **110**  
Address **3152 Wagonwheel Rd** Date signed **1/10/45**

**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

*John A. Miller*

Licensed Embalmer No. *4186*

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.**