

S. No. 2
M-5-43
v. 5-17-39
I X36871

FILED SEP 21 1945
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **7606**

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 06
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4330 N. Florissant
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALBERT F. DRILLER

3. (b) If veteran, name war None 3. (c) Social Security No. 702-12-6037

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

6. (b) Name of husband or wife Bertha Driller 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 1, 1894
(Month) (Day) (Year)

8. AGE: Years 51 Months 4 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Switchman

11. Industry or business Terminal R. R. Co.

MOTHER FATHER { 12. Name Frederick Driller

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

14. Maiden name Anna Potts

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

16. (a) Informant Mrs. John Woltering

(b) Address 5360 Queens Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/1/45
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director [Signature]
(b) Address 2117 E. Grand Blvd.

19. (a) AUG 31 1945 (Date received local registrar) (b) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29th
year 1945 hour 11 minute 35 P.M.

21. I hereby certify that I attended the deceased from Aug 17 1945 to Aug 29 1945
that I last saw him alive on Aug 29 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Far advanced bilateral pulmonary tuberculosis
Duration _____

Due to _____

Due to _____

Other conditions 1361
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature John Crowe (M. D. or other) _____
Address 1787 S. Grand Date signed 9/29/45

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..... *Frank A. Moore*.....
Licensed Embalmer No..... *3041*.....
P. O. Address..... *2117 E. Grand*.....

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.