

No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34755

State File No. 1

Registrar's No. 3044

FILED 39/21 1946

Registration District No. 39

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bellefontaine & Trampe Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 12,
year 1946 hour 5:00 PM minute _____ M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 19, 1905
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-17-46
19____ to 10-12-46, 19____;
that I last saw him alive on Oct 12, 19____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
41 8 23 hr. _____ min.

Immediate cause of death
Cardiac failure
Due to Chc myocarditis
Due to 93d

Duration
6mo

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

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation Moving & Storage
11. Industry or business Business

12. Name August H. Driemeier
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Adele Peters
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr August H. Driemeier Sr.
(b) Address Bellefontaine & Trampe Rd.
17. (a) Burial (b) Date thereof 10/16/46
(Burial, cremation, or removal) (Month) (Day) (Year)

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)
(c) Grades of injury _____

(c) Place: burial or cremation St. Johns Cemetery
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) 10-17-46 (b) Ruth Jellen
(Date received local registrar) (Registrar's signature)

23. Signature Stanford Phillips (M. D. or other)
Address 1117 N. Union Date signed _____

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

MOTHER FATHER

OCT 29 1948

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 *William G. Buckholz*

Licensed Embalmer No. *2110*

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.