

National Office of Vital Statistics  
FILED FEB 13 1948  
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1081**

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town..... **St. Louis, Missouri.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Keas, 727 North Blv'd.,**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri.** (b) County.....  
(c) City or town..... **St. Louis.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **727 North Union Blv'd.,**  
(If rural, give location)  
(e) Citizen of foreign country? **NO.** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **THERESA M. DRAGOO.**  
3. (b) If veteran, name war..... **None.**  
3. (c) Social Security No. **None.**

4. Sex **Female.** 5. Color or race **White.**  
6. (a) Single, widowed, married, divorced, **Married!**  
6. (b) Name of husband or wife..... **Harry L. Dragoo.**  
6. (c) Age of husband or wife if alive **54.** years  
7. Birth date of deceased..... **December 22, 1892.**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**55.** **1.** **10.** hr. min.

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

10. Usual occupation..... **At Home.**

11. Industry or business.....

12. Name..... **Herman Heuser.**

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

14. Maiden name..... **Theresa Frank.**

15. Birthplace..... **New Orleans, Louisiana.**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Harry L. Dragoo.**

(b) Address..... **727 No. Union Blv'd.,**

17. (a) **Interment.** (b) Date thereof **2/4/48.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Pickers Cam.**

18. (a) Signature of funeral director **C. R. Lupton & Sons.**  
(b) Address..... **#7233 Delmar Blv'd.,**

19. (a) **FEB 2 1948** (b) **J. F. Bredeek**  
(Date received from Registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **1st.**  
year **1948.** hour **11** minute **30 P** M.

21. I hereby certify that I attended the deceased from **August**  
....., 19**45** to **Feb. 1**, 19**48.**  
that I last saw her alive on **Feb. 1**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Rheumatic Heart Disease**  
**Coronary Hypertrophy**  
**Due to Rheumatic Infection**

Duration  
**4 1/2 yrs**  
**for**

Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations.....  
Of autopsy.....  
Underline the cause of 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..... **R. A. Meyers** (M. D. or other)  
Address..... **539 N. Grand** Date signed **2/4/48**

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

MOTHER FATHER

539 No. Grand  
9/3 9284

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 Clarence A. Murray

Licensed Embalmer No. 4011

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.