No. 300
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5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 7 1948

Registration District No. 37

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

28415

State File No. 0

Registrar's No. 15,24

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0
St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 weeks (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2108 Harris Ave 1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Fred E. Drews

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Agnes M. Drews

6. (c) Age of husband or wife if alive ------ years

7. Birth date of deceased May 23, 1871 (Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 22 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Charles Drews
13. Birthplace Unknown (City, town, or county) Prussia 8 (State or foreign country)

MOTHER
14. Maiden name Matilda Manska
15. Birthplace Unknown (City, town, or county) Poland 4 (State or foreign country)

16. (a) Informant Roy Drews
(b) Address 2108 Harris Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc.
(b) Address 2161 East Fair Ave

19. (a) Aug 16, 1948 (Date received local registrar) (b) Cecil A. Sharp M.D. (B.H.) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14th year 1948 hour 5:00 AM minute M.

21. I hereby certify that I attended the deceased from June 48, to August 48, that I last saw him alive on August 1, 48; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure & Uremia

Due to Arterio Sclerosis

Due to 1 6 6 18

Other conditions Fractured hip
(Include pregnancy within 3 months of death)

Major findings:
Of operations X 41

Of autopsy

Duration

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) accident

(b) Date of occurrence 5-25-48

(c) Where did injury occur? Home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury fall

23. Signature R O Muecher (M.D. or other)

Address 634 N. Grand Date signed 8/16/48

(Licensed Embalmer's Statement on Reverse Side)

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 Glen W. Hab

Licensed Embalmer No. O 3737

P. O. Address 2161 E. Fair Ave

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.