S. No. 300
v. 10.48

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

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20969

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5403

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Firmin Desloge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo.
b. COUNTY: Out
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 17
d. STREET ADDRESS (If rural, give location): 18 4317a Manchester Ave. 0

3. NAME OF DECEASED (Type or Print)
a. (First): LEO
b. (Middle): L.
c. (Last): DRAZER

4. DATE OF DEATH (Month) (Day) (Year): June 21, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: May 27, 1880
9. AGE (If over 1 year, last birthday): 69 — If under 1 year: Months 0, Days 24, Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist
10b. KIND OF BUSINESS OR INDUSTRY: Dentist
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?: Ger.
13a. FATHER'S NAME: Unknown Drazer
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Late Bernadine Drazer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: J. Koeppen
ADDRESS: 4317a Manchester Ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abdominal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) spontaneous retroperitoneal apoplexy
DUE TO (c) arterio sclerosis

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.
Patient was operated upon 6/18/49 for inguinal hernia and had recovered when sudden acute abdominal pain occurred

19a. DATE OF OPERATION: 6/18/49
19b. MAJOR FINDINGS OF OPERATION: Extensive blood clot back of and into mesocolon.
20. AUTOPSY? YES [X] NO [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 1949, to June 21, 1949, that I last saw the deceased alive on June 20, 1949, and that death occurred at 5 a m., from the causes and on the date stated above.

23a. SIGNATURE: Charles F. Herwin
(Degree or title): MD
23b. ADDRESS: 3720 Washington St. Louis
23c. DATE SIGNED: 6/4/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-23-49
24c. NAME OF CEMETERY OR CREMATORY: Resurrection Cem.
24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. JUN 22 1949
REGISTRAR'S SIGNATURE: J B Fowler
25. FUNERAL DIRECTOR'S SIGNATURE: Kriegshauser
ADDRESS: 4228 S. Kingshighway Bl

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Richard W. Stoversand

Signed.....
Student Embalmer

Licensed Embalmer No. 4007

P. O. Address.....

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.