

FILED OCT 5 1950

## STANDARD CERTIFICATE OF DEATH

State File No. **31614**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8112**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town or TOWN <b>St. Louis</b> )		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>3129 Chippewa St.</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>3129 Chippewa St.</b>		
3. NAME OF DECEASED a. (First) <b>Anna</b> (Type or Print)		b. (Middle)	c. (Last) <b>Dreyer</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>9/25/50</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 21, 1893</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Henry Paulus</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Luitpold G.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>---</b>	17. INFORMANT'S SIGNATURE OR NAME <b>George Dreyer</b>		ADDRESS <b>BP-3129 Chippewa</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Embolism - Pulmonary Embolism</b>	ANTECEDENT CAUSES				
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (b) <b>Rheumatic Heart Disease</b>				
	DUE TO (c) <b>Rheumatic Fever</b>				
	II. OTHER SIGNIFICANT CONDITIONS				
	Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>4/6K</b>			
22. I hereby certify that I attended the deceased from <b>Jan. 10, 1933</b> , to <b>Sept 25, 1950</b> , that I last saw the deceased alive on <b>Sept 25, 1950</b> , and that death occurred at <b>6:30 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Julius Elson</b>			23b. ADDRESS <b>University Club Bldg.</b>	23c. DATE SIGNED <b>9/25/50</b>	
24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/28/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Paul Churchyard</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>		
DATE REC'D BY LOCAL REG. <b>SEP 26 1950</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wacker - Helde</b>		
			ADDRESS <b>3634 Gravois Ave.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

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

*Robert Wheeler*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2128

P. O. Address So. Louisiana

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.