

FILED SEP 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32166

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2152

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis Co.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellston</u>	
c. LENGTH OF STAY (In this place)		430	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6147 Suburban Ave.,</u>		d. STREET ADDRESS (If rural, give location) <u>6147 Suburban Ave.,</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u>		b. (Middle) <u>DRIEMEYER.</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 10, 1950.</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 10, 1865.</u>		9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Germany</u>			12. CITIZEN OF WHAT COUNTRY? <u>4</u>		

13a. FATHER'S NAME <u>Henry Haderfeld</u>		13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Driemeyer Dec.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Florence Bennett, 6147 Suburban Ave.,</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Concu of Stomach</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>✓</u> DUE TO (c) <u>✓</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Similar</u>				<u>15-1X</u>	

19a. DATE OF OPERATION <u>3/6/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Concu of Stomach</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>	

22. I hereby certify that I attended the deceased from 3/6, 1950, to 9/10, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:50 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James P. Kelly M.D.</u>		23b. ADDRESS <u>6125 Burk</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 13, 1950.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter Cem.,</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	

DATE REC'D BY LOCAL REG. <u>9-11-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos. W. Clark, 1125 Hodiamont Ave.,</u>	
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RWR (Licensed Embalmer's Statement on Reverse Side)

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

Dr. P. J. REILLY
6125 Bartmer Ave.,
10-11 or 2-4 P.M.
CA. 5187.

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 Me

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed..... Elton R. Reilley

Licensed Embalmer No. 4283

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.