

FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 34745
8767
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2339	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		d. STREET ADDRESS (If rural, give location) 2211 So. 11th. Street	
3. NAME OF DECEASED a. (First) John (Type or Print)		b. (Middle) W.	
c. (Last) Dreyer		4. DATE OF DEATH (Month) (Day) (Year) Oct. 15, 1950	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH May 19, 1890
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Building	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME William Dreyer		13b. MOTHER'S MAIDEN NAME Sophia Silver	14. NAME OF HUSBAND OR WIFE Elizabeth Dreyer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. 499-01-2655	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Dreyer 2211 So. 11th. St.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION Arterio sclerotic heart disease	
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH years	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b)	
DUE TO (c)		DUE TO (c) Drastic treatment	
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 42nd	
22. I hereby certify that I attended the deceased from 9/11, 1950 to 10/15, 1950 , that I last saw the deceased alive on 10/15, 1950 and that death occurred at 3:55 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. B. Sasater M.D. 0		23b. ADDRESS 1515 Lafayette Ave.	
23c. DATE SIGNED 10/16/50			
23d. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	23e. DATE Oct. 18, 1950	23f. NAME OF CEMETERY OR CREMATORY St. Mathews Cemetery St. Louis, Missouri.	
23g. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 17 1950 J. B. Sasater		23h. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weick Bros. 2201 So. Grand Blvd.	

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

[Handwritten mark]

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.....

[Handwritten Signature]
Licensed Embalmer No. 4053
P. O. Address

Signed.....
Student Embalmer

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.