

FILED DEC 16 1950

STANDARD CERTIFICATE OF DEATH

State File No. 42185
 Registrar's No. 9825

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	c. LENGTH OF STAY (In this place) 15 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) Ladue 61	d. STREET ADDRESS (If rural, give location) # 39 Glen Eagles Dr.
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) G. c. (Last) DREFS			4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 1, 1950				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 5 1888	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Corp. Exec. McQuay-Norris Co.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Buffalo, N. Y. /		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Charles A. Drefs.		13b. MOTHER'S MAIDEN NAME Elizabeth Farber		14. NAME OF HUSBAND OR WIFE Clara Artemesia Drefs.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 493-09-4378		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Clars A. Drefs. Ladue, Mo.	

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) <u>HYPERTENSIVE CARDIOVASCULAR DISEASE WITH CARDIAC INSUFFICIENCY</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>UREMIA</u> DUE TO (c) <u>CONGENITAL POLYCYSTIC KIDNEY</u>				INTERVAL BETWEEN ONSET AND DEATH 2 MONTHS 2 MONTHS CONGENITAL	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 757.1			

22. I hereby certify that I attended the deceased from OCTOBER 17, 1950, to NOVEMBER 1, 1950, that I last saw the deceased alive on NOVEMBER 1, 1950, and that death occurred at 11:26 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>FR Buckley MD</u>		23b. ADDRESS Barnes Hospital		23c. DATE SIGNED 11/2/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-4-1950	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		

DATE REC'D BY LOCAL REG. NOV 2 1950		REGISTRAR'S SIGNATURE <u>J. B. Fasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.	
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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.....
Student Embalmer

Signed *Melvin L Kemper*

Licensed Embalmer No. *4052*

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.