

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6022**
1272
Registrar's No.

318

1003

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's 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 town) St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2099	
d. FULL NAME OF HOSPITAL OR INSTITUTION Depaul Hospital				d. STREET ADDRESS (If rural, give location) 4633 Pope Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Oliver		b. (Middle) C.		c. (Last) Dralle		4. DATE OF DEATH (Month) 2 (Day) 8 (Year) 51	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Aug. 6-1914	
9. AGE (In years last birthday) 36		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Clerk			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) St. Louis-Missouri	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Fred G. Dralle		13b. MOTHER'S MAIDEN NAME Lizzie Schroeder		14. NAME OF HUSBAND OR WIFE Josephine Dralle	
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 Josephine Dralle ADDRESS 4633 Pope Ave.	
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) Diabetic coma ANTECEDENT CAUSES Diabetic mellitus Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Cellulitis leg Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 days 8 hrs. 2 hrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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) _____ (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Heel			
22. I hereby certify that I attended the deceased from 2-7, 1951 , to 2-8, 1951 , that I last saw the deceased alive on 2-7, 1951 , and that death occurred at 2:45 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Wayne O. Sokolow (Degree or title) _____				23b. ADDRESS 2739 N. Grand		23c. DATE SIGNED 2-8-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-10-1951		24c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo	
DATE REC'D BY LOCAL REG. FEB 8 1951		REGISTRAR'S SIGNATURE J.P. Kuster		25. FUNERAL DIRECTOR'S SIGNATURE Leidner U. ADDRESS 2223 St. Louis Ave.			

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

John P. Beechholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis Ave

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.