

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38928

State File No.

FILED DEC 15 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10876

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) Years <u>Years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2179
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>2926 Russell Blvd.</u>			d. STREET ADDRESS (If rural, give location) <u>2926 Russell Blvd.</u>		
3. NAME OF DECEASED (Type or Print) <u>William</u>		a. (First)	b. (Middle) <u>F.</u>	c. (Last) <u>Drees</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 6, 1951.</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 20, 1875</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days
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>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John H. Drees</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Imholz</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Viola Drees,</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>NO.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Viola Drees, 2926 Russell Blvd.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Coronary heart Disease</u> ANTECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>H2O1</u>			
22. I hereby certify that I attended the deceased from <u>Sept</u> , 19 <u>46</u> , to <u>Dec 6</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>October</u> , 19 <u>51</u> , and that death occurred at <u>2:45p</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Charles G. Obermayer</u>		(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>310.3 Assault St.</u>		23c. DATE SIGNED <u>12/7/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Entombed</u>	24b. DATE <u>Dec. 10, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Mausoleum</u>	24d. LOCATION (City, town, or county) (State) <u>Wellston, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>DEC 8 1951</u>	REGISTRAR'S SIGNATURE <u>Carl Smith mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Math Hermann & Son Inc. 2161 East Fair Ave.</u>		

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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. _____

Student
Student Embalmer

Signed *Glew W. Katz*

Licensed Embalmer No. *3737*

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.