

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9894

State File No.

2453

FILED MAR 29 1952

BIRTH NO. _____		REG. DIST. NO. 318		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 township) OR TOWN Saint Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		2209	
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of the Poor, 3225 N. Florissant Avenue				d. STREET ADDRESS (If rural, give location) 20 3225 N. Florissant Avenue, 7,			
3. NAME OF DECEASED (Type or Print) Emma		a. (First)		b. (Middle)		c. (Last) Drecksmith	
4. DATE OF DEATH March 12th, 1952		(Month) (Day) (Year)		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Aug. 6th, 1875		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Sales Clerk		10b. KIND OF BUSINESS OR INDUSTRY Famous-Barr Co.		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frederick Drecksmith		13b. MOTHER'S MAIDEN NAME Mary Kemberg		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Mrs. Audrey Lienhop, 201 Robert Ave., Ferguson, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		ANTECEDENT CAUSES Subacute upper respiratory infection				12 days	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) None					
		DUE TO (c) None					
II. OTHER SIGNIFICANT CONDITIONS None		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE None		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 None		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4222			
22. I hereby certify that I attended the deceased from March 1, 1952 to March 12, 1952 , that I last saw the deceased alive on March 11, 1952 , and that death occurred at 9:00P.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Samuel L. F. Kotte, M.D.				23b. ADDRESS 2435 N. Grand Blvd		23c. DATE SIGNED 3-14-52	
24a. BURIAL, CREMATION, REMOVAL 4		24b. DATE 3/15/52		24c. NAME OF CEMETERY OR CREMATORY Saint Peters Cemetery		24d. LOCATION (City, town, or county) (State) Saint Louis County, Missouri	
DATE REC'D BY LOCAL REG. MAR 14 1952		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.			

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

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3:00 P. M. to 4:00 P. M.
Daily except Thursday.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *John A. M... ..*
Licensed Embalmer No. *4186*
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.