

FILED JUL 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **20404**  
**5227**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)		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			c. STATE <b>Missouri</b>		b. COUNTY <b>St. Louis</b>
c. LENGTH OF STAY (in this place)			c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <b>Overland 23</b>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Missouri Baptist Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>9011 Baroda Ave.</b>		
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Mathilda</b>	b. (Middle) <b>W.</b>	c. (Last) <b>Dries</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 9, 1954</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 13, 1868</b>	9. AGE (In years last birthday) <b>85</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13a. FATHER'S NAME <b>Henry Krueger</b>		
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>William G. Dries</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>William Dries, 9011 Baroda Ave.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumococci Pneumonia</b> INTERVAL BETWEEN ONSET AND DEATH <b>5 days.</b> *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or combination which caused death. ANTECEDENT CAUSES DUE TO (b) <b>Compunctive Fracture R. hip</b> DUE TO (c) <b>Fallen from</b> OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis</b>					
19a. DATE OF OPERATION <b>8/3/54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Compunctive R. hip Sub Trochanteric Fracture R. Femur</b>			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.) <b>House</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis St. Louis Missouri</b>	
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? <b>ooo E9040</b>	
22. I hereby certify that I attended the deceased from <b>5 June 1954</b> , to <b>June 9, 1954</b> , that I last saw the deceased alive on <b>6/9</b> , 19 <b>54</b> , and that death occurred at <b>6:15 P.M.</b> , from the causes and on the date stated above. <b>21</b>					
22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>0</b>			23b. ADDRESS <b>845 No. Chest. N. St. Louis, Missouri</b>		23c. DATE SIGNED <b>6/10/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>R&amp;Mv ca 1</b>		24b. DATE <b>6/12/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Zions Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>PROVOST UND. CO., 3710 No. Grand Bl</b>			
DATE REC'D BY LOCAL REG. <b>JUN 11 1954</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>PROVOST UND. CO., 3710 No. Grand Bl</b>	

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*John J. Haenes*  
Licensed Embalmer No. 4108  
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.