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FILED NOV 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 300

1. PLACE OF DEATH a. COUNTY St Francois			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 Rural-St. Francois Twp.		c. LENGTH OF STAY (in this place) 7 hrs		c. CITY OR TOWN St. Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mineral Area Osteopathic Hosp			e. STREET ADDRESS (If rural, give location) 4621 Delor St		
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) F. c. (Last) Dreher			4. DATE OF DEATH (Month) (Day) (Year) Oct 26, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 4, 1871	9. AGE (In years last birthday) 83	10. IF UNDER 1 YEAR Months 10 Days 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Tailor		11. BIRTHPLACE (City and State or Foreign Country) Columbia, Illinois	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George Dreher		13b. MOTHER'S MAIDEN NAME Mary Arnin	
14. NAME OF HUSBAND OR WIFE		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.	
17. INFORMANT'S SIGNATURE OR NAME Stella Weier		ADDRESS 4621 Delor St. Louis, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE CIRCULATORY FAILURE			INTERVAL BETWEEN ONSET AND DEATH 30 min		
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) SHOCK		
DUE TO (c) TRAUMA - FRACTURE LEFT FEMUR			1-2 hrs		
II. OTHER SIGNIFICANT CONDITIONS			6 hrs		
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 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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 26 , 19 55 , to Oct 26 , 19 55 , that I last saw the deceased alive on Oct 26 , 19 55 , and that death occurred at 8:32 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Marvin L. Sulzer D.O. (Degree or title) 2			23b. ADDRESS 17. So. Jackson Farmington		23c. DATE SIGNED 10-27-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 29, 1955		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
24d. LOCATION (City, town, or county) St. Louis Co., Missouri		24e. (State)			
DATE REC'D BY LOCAL REG. Oct 27, 1955		REGISTRAR'S SIGNATURE Ethel Rudloff 289-0		25. FUNERAL DIRECTOR'S SIGNATURE John L. Ziegenhein ADDRESS 7027 Crovois, St. Louis, Mo.	

(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.....
Signature of Student Embalmer

Signed..... *E. P. Kidwell*

Licensed Embalmer No. *387*

P. O. Address *7027 W. St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.