

FILED JAN 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2681**
Registrar's No. **151**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 St. Louis		c. LENGTH OF STAY (in this place) Unknown	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital # 1		e. STREET ADDRESS (If rural, give location) 25 Antler Hotel, 803 1/2 Chestnut Street,	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) R. c. (Last) DREILING		4. DATE OF DEATH (Month) (Day) (Year) January 3th, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 3rd, 1880
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman	11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME George Dreiling	
13b. MOTHER'S MAIDEN NAME Annie Conway		14. NAME OF HUSBAND OR WIFE Jessie Rouse Dreiling	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Jessie R. Dreiling		ADDRESS Hotel Planters 19 N. Clark St., Chicago, Illinois	
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, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Fracture of skull, suffered as a result of fall from bed at City Hospital # 1, exact time and date could not be determined.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION determined E902.7	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) Accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St. Louis Mo		21c. (CITY, TOWN, OR TOWNSHIP) St. Louis Mo (COUNTY) (STATE)	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? fall			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30 A m., from the causes and on the date stated above.			
23a. SIGNATURE Patrick E. Taylor (Degree or title)		23b. ADDRESS 130 Clark	
23c. DATE SIGNED 1/5/56		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Cremation	
24b. DATE		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ ADDRESS 4828 Natural Bridge Blvd., St. Louis 15, Missouri	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 6 1956		26. FUNERAL HOME, INC., St. Louis 15, Missouri	

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..... *Ralph C. Zindler*

Licensed Embalmer No...427...

P. O. Address...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.