

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3160**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **90**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY OR TOWN Clayton	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 5 Yrs.		e. STREET ADDRESS (If rural, give location) 440 S. Hanley Rd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 440 S. Hanley Rd.			

3. NAME OF DECEASED (Type or Print) BENJAMIN DREIDEL			4. DATE OF DEATH JANUARY 11, 1956		
a. (First)	b. (Middle)	c. (Last)	Date (Month)	Date (Day)	Date (Year)
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Oct. 12, 1868		9. AGE (In years last birthday) 87		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY Haberdashery		11. BIRTHPLACE (City and State or Foreign Country) Cincinnati Ohio	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Theodore Dreidel		13b. MOTHER'S MAIDEN NAME Unk.		14. NAME OF HUSBAND OR WIFE Ida Dreidel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk.		16. SOCIAL SECURITY NO. Unk.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillian Goldtrap 440 S. Hanley Rd.	

18. CAUSE OF DEATH* Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hypertensive Heart Disease		1 year	
		ANTECEDENT CAUSES Essential Hypertension		5 years	
		DUE TO (b) Prostatic Hypertrophy		3 years	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Prostatic Hypertrophy		3 years	
		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X		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?	

22. I hereby certify that I attended the deceased from **May**, 19**51**, to **April**, 19**54**, that I last saw the deceased alive on **April 5**, 19**54**, and that death occurred at **2:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE Martin W. Davis, M.D. (Degree or title)		23b. ADDRESS 539 N. Grand		23c. DATE SIGNED 1/11/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/13/56		24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Rindskopf Inc. 5216 Delmar Bl.			
DATE REC'D BY LOCAL REG. 1-12-56		REGISTRAR'S SIGNATURE Herbert R. Lombard			

Sgt. (Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

FEB 7 1956

JAN 25 1956

APR 2 1956

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 *John Ketter*

Licensed Embalmer No. *388*

P. O. Address

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.