

FILED APR 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14548

State File No.

318

1003

Registrar's No. 3431

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 3431		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN <u>ST. LOUIS, MISSOURI</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSPITAL #1</u>				e. STREET ADDRESS (If rural, give location) <u>702^a BITTNER ST</u>				
3. NAME OF DECEASED a. (First) <u>ANNE</u> (Type or Print)			b. (Middle) _____		c. (Last) <u>DREES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 4, 1956</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Nov. 12 1878</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED SALESLADY</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		
13a. FATHER'S NAME <u>HENRY Drees</u>			13b. MOTHER'S MAIDEN NAME <u>BERNADINE KLEINIGGER</u>			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) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>RAYMOND CHENOT</u>				ADDRESS <u>9121 BOYCE</u>	
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis of middle cerebral artery</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Bronchopneumonia</u>						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>332+</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		21d. (COUNTY) _____		
21e. (STATE) _____		21f. HOW DID INJURY OCCUR? _____		21g. _____		21h. _____		
21i. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21j. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21k. _____		21l. _____		
22. I hereby certify that I attended the deceased from <u>3-8</u> , 19 <u>56</u> , to <u>4-4</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4-4</u> , 19 <u>56</u> , and that death occurred at <u>12:02 AM.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Henson Schaefer Jr M.D.</u> (Degree or title) _____				23b. ADDRESS <u>1515 LAFAYETTE AVE.</u>		23c. DATE SIGNED <u>4-4-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>APR. 7 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u>		24d. LOCATION (City, town, or county) <u>ST. LOUIS</u>		(State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>APR 5 1956</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Ruten</u> ADDRESS <u>2906 Prairie</u>				

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 *Samuel Hill*

Licensed Embalmer No. 434

P. O. Address 2506

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.