

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 20 1956

State File No. **21770**
Registrar's No. **5157**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5157	
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) 48 yrs.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5959 Cabanne Pl.				e. STREET ADDRESS (If rural, give location) 5959 Cabanne Pl.			
3. NAME OF DECEASED (Type or Print) a. (First) NELLIE b. (Middle) MARSHALL c. (Last) DRESCHER			4. DATE OF DEATH (Month) (Day) (Year) May 28, 1956				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Nov. 12, 1879		9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Evansville, Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Euclid Johnston Marshall		13b. MOTHER'S MAIDEN NAME Alice Dunham		14. NAME OF HUSBAND OR WIFE Robert D. Drescher			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Robt. D. Drescher, 5959 Cabanne Pl.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY INSUFFICIENCY				ONE YEAR	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Hypertensive Cardiovascular disease rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____				11 years	
		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 H201				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) _____		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 July 17, 1956 , to present , 19____, that I last saw the deceased alive on May 28, 1956 , and that death occurred at 8 A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert C. Kungelau MO				23b. ADDRESS 14 Fourth Walk, Clayton, Mo.		23c. DATE SIGNED 5-28-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/31/56	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
DATE REC'D BY LOCAL REG. MAY 29 1956		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 189 Lejacob & Sons 6175 Delmar Blvd.			

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

Case by *[Signature]* 7/10/56

(Licensed Embalmer's Statement on Reverse Side)

Dr Robert C Kingsland
3177 Breenwood

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.....

jos. E McCullon

Licensed Embalmer No. *2461*

P. O. Address.....

6175 Del

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.