

STANDARD CERTIFICATE OF DEATH

28309

STATE FILE NUMBER 7260

FILED SEP 7 1956

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

Health, Welfare Public Service
300 1-56
All symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MISSOURI</i> b. COUNTY <i>ST. LOUIS</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>WEBSTER GROVES 4577</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>MISSOURI PACIFIC HOSP</i>		Length of stay in 1b <i>31 days</i>		d. STREET (If outside, give location) ADDRESS <i>611 ROBINSON AVE.</i>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		4. DATE OF DEATH Month <i>AUG</i> Day <i>6</i> Year <i>1956</i>			
3. NAME OF DECEASED (Type or print) First <i>WILLIAM</i> Middle <i>LUCAS</i> Last <i>DREINHOFFER</i>		5. SEX <i>MALE</i>		6. COLOR OR RACE <i>WHITE</i>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <i>WIDOWED</i> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>OCT 14 1879</i>		9. AGE (In years last birthday) <i>70</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>ACCOUNTANT</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>GN&O RAILWAY</i>		11. BIRTHPLACE (City and state or country) <i>POND, MISSOURI</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>FREDRICK DREINHOFFER</i>		14. MOTHER'S MAIDEN NAME <i>EMILY ELLEBECKER</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>705-01-5861</i>		17. INFORMANT <i>MR EDWIN DREINHOFFER</i> Address <i>516 CORNELIA WEBSTER GROVE, MO.</i>	
18. CAUSE OF DEATH [Enter only one cause per and for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary Infarct</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Embolism to Pulmonary Arteries</i> DUE TO (c) <i>18 days</i>					INTERNAL BETWEEN ONSET AND DEATH <i>18 days</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) <i>Post Op Gastric resection for gastric ulcer</i>					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>540.0</i>			
20c. TIME OF INJURY Hour <i>5:10</i> Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>17 JULY 56</i> to <i>6 AUG 56</i> and last saw <i>him</i> alive on <i>5 AUG 56</i> . Death occurred at <i>5:10</i> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>H. P. Armington</i> (degree or title)		22b. ADDRESS <i>607 N Grand</i>		22c. DATE SIGNED <i>8-6-56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY	
<i>Removal</i>				<i>Walhalla cemetery</i>	
24. FUNERAL DIRECTOR <i>Parker-Aldrich F. Neme</i>		ADDRESS <i>Webster Groves Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>AUG 6 1956</i>	
				26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>	

Witnessed Embalmer's Statement on Reverse Side

S.P.

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 *Walter B. Prohwitter*

Licensed Embalmer No. *369*

P. O. Address *15 W. Lake*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.