

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33427

STATE FILE NUMBER 8576

FILED SEP 23 1957

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St. Louis</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) <b>St. Anthony Hosp</b>			Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>3537 A Delort</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>LESTER J DRITSCH</b>				First	Middle	Last	4. DATE OF DEATH <b>9-12-1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>2-10-1909</b>		9. AGE (In years last birthday) <b>48</b>	IF UNDER 1 YEAR Month <b>7</b> Day <b>2</b>	IF UNDER 24 HRS. Hour <b>2</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manager</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Liquor Store</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>Joseph Dritsch</b>				14. MOTHER'S MAIDEN NAME <b>Jenette Wieggers</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If service war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT Address <b>Paula Dritsch 3537 A Delort</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ACUTE MYOCARDIAL INFARCTION</b>							INTERVAL BETWEEN ONSET AND DEATH <b>3 DAYS</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>420.1</b>							19. WAS AUTOPSY PERFORMED? <b>YES</b> <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.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 <b>6P M 6-6-57</b> to <b>9/12/57</b> and last saw <del>him</del> <sup>him</sup> alive on <b>9/12/57</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Robert Swamer M.D.</b>				22b. ADDRESS <b>818 OLIVE ST</b>		22c. DATE SIGNED <b>9/13/57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>9-16-1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Prk</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>WINGBERMUEHLE 3819 SO Grand Blvd</b>				25. DATE RECD. BY LOCAL REG. <b>SEP 13 '57</b>		26. REGISTRAR'S SIGNATURE <b>Paul Smith Mo</b>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *George J. Imberger*.....  
Licensed Embalmer No. *4*

P. O. Address *Blount*.....

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