Health,
& Welfare
, Public
n Service

S. 300
v. 1-56 0

Doctor, coroner, etc. must use only standard nomenclature in item 18. No 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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030022
STATE FILE NUMBER

FILED SEP 15 1958 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 213

1. PLACE OF DEATH
a. COUNTY Saint Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Charles — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St.Joseph's Hosp. — Length of stay in 1b 2199 0

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 4251 Maryland — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Frank Middle: Last: Draiemann
4. DATE OF DEATH Month Sept. Day 6 Year 1958
5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ 0 DIVORCED ☐
8. DATE OF BIRTH Feb. 26, 1887
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR Months 6 Days 10 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dist.supervisor (Globe-Demo) retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Saint Charles Co., Mo. U.S.A.
12. CITIZEN OF WHAT COUNTRY? 0
13. FATHER'S NAME Bernard Draiemann
14. MOTHER'S MAIDEN NAME Louisa Lebrecht
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 489-07-6965
17. INFORMANT Hugh Draiemann — Address Saint Charles, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Spasm — 2 mos.
DUE TO (c) Coronary Disease with Congestive Heart — 7-10 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Despondent 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Aug. 30, 1958, to Sept. 6, 1958 and last saw her/him alive on 9/6/58
Death occurred at 10:45 a. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Richard R. Fong (Degree or title) M.D. 0
22b. ADDRESS 126 S.Main St.St.Charles
22c. DATE SIGNED 9/8/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sept.9,1958
23c. NAME OF CEMETERY OR CREMATORY Borromeo Cemetery
23d. LOCATION (City, town, or county) (State) Saint Charles, Mo.
24. FUNERAL DIRECTOR W. C. Dallmeyer — ADDRESS St. Charles Mo.
25. DATE RECD. BY LOCAL REG. Sept 8-1958
26. REGISTRAR'S SIGNATURE Marella Wilson

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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