

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041487

STATE FILE NUMBER

FILED NOV 20 1958

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10785

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, give TOWNSHIP only) OR TOWN Missouri, St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 3945 Dover Pl.		Length of stay in 1b 20/90		d. STREET ADDRESS (If outside, give location) 3945 Dover Pl.	
3. NAME OF DECEASED (Type or print) First Anna Middle Dreibus Last		4. DATE OF DEATH Month Nov. 8, 1958 Day Year			
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 12, 1866	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) St. Louis, Mo. 0	
13. FATHER'S NAME Louis Wolter			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. unk n		17. INFORMANT Address Dorothy Zimmermann 3945 Dover Pl.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma left ovary &amp; metastases to lungs.</i>				INTERVAL BETWEEN ONSET AND DEATH <i>6 Mon.</i>	
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) <i>175.0</i>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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 Month, Day, Year 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 <i>1-15-58</i> to <i>11-8-58</i> and last saw her alive on <i>11-8-58</i> Death occurred at <i>4 a.m.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Engene H. Eddele M.D.</i>			22b. ADDRESS <i>4971 Chipmunk St</i>		22c. DATE SIGNED <i>11-10-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	23b. DATE <i>11-11-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Old St. Marcus</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Southern Funeral Home 6322 S. Grand, St. Louis, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>NOV 1 0 58</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i> <i>m. R.B.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Customer's name and address on separate card to be attached to this certificate to a death due to natural causes.

Dr. Eugene Edele

12 to 3 Monday

4971 Chippewa

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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 *Saint Lou Fossor*.....

Licensed Embalmer No. *44*

P. O. Address *St. Louis*

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.