URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 22 1960 — Registration District No. 317 — Primary Registration District No. 541 — Registrar's No. 2032 — 60-029027 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton — Length of stay in 1b: DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St Louis County Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: St. Louis
c. CITY OR TOWN: University City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 6668 Delmar — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Bertram — Middle: R. — Last: Driemeyer

4. DATE OF DEATH: Month: 7 — Day: 6 — Year: 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-11-1909
9. AGE (last birthday): 51
IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HR: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer
10b. KIND OF BUSINESS OR INDUSTRY: Law
11. BIRTHPLACE (City and state or country): St. Louis, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: George F. Driemeyer
13b. MOTHER'S MAIDEN NAME: Minnie Ahnefeld
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Frank Pietzsch — Address: Clayton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hepatic coma — INTERVAL BETWEEN ONSET AND DEATH: 3d.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Laennec's cirhosis — 3 yr
DUE TO (c): Chronic alcoholism — ?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I(a): Portal hypertension

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 7-4-60, to 7-6-1960 and last saw her/him alive on 7-6-1960. Death occurred at 7:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

21. SIGNATURE: Albert L. Howe (Degree or title): M.D.
22b. ADDRESS: 601 So. Brentwood Blvd.
22c. DATE SIGNED: 1-6-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-8-1960
23c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR: C.R. Lupton & Sons — ADDRESS: St Louis, Mo.
25. DATE RECD. BY LOCAL REG.: 7-6-60
26. REGISTRAR'S SIGNATURE: John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION — BY AFFIDAVIT OF — DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Clarence A. Mu

Signature of Student Embalmer

Licensed Embalmer No. 4011

P. O. Address St. Lou

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