

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH - 61-006432

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1297 STATE FILE NUMBER

AMENDED
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

FILED VS. FEB 20 1961

1. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. COUNTY _____ b. STATE Mo c. COUNTY St Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis Length of stay in 1b 2 Weeks

c. CITY OR TOWN Pine Lawn Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 4324 Oakwood Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Mamie Dreher 2 6 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married
 Widowed Divorced

8. DATE OF BIRTH 10/31/1902 9. AGE (last birthday) 58 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Own Home 11. BIRTHPLACE (City and state or country) Masedonia, Ill. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Ellis Duncan 13b. MOTHER'S MAIDEN NAME Myrtle Taylor 14. NAME OF HUSBAND OR WIFE Walter Dreher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, NO or unknown) (If yes, give war or dates of service) 17. INFORMANT Address Walter Dreher 4324 Oakwood, Pine Lawn 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) HEART FAILURE INTERVAL BETWEEN ONSET AND DEATH 3-4 DAYS
 DUE TO (b) CONSTRICTIVE PERICARDITIS 1 MOS.
 DUE TO (c) MEDIASTINITIS, SECONDARY TO PNEUMONECTOMY 1 MOS.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ 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 2/6/61 to 2/6/61 and last saw her alive on 5:45 PM 2/6/61
 Death occurred at 5:15 PM 6P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Richard W. Payne M.D. 22b. ADDRESS 52 Maryland Plaza 22c. DATE SIGNED 2/7/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 2/9/1961 23c. NAME OF CEMETERY OR CREMATORY Memorial Cemetery 23d. LOCATION (City, town, or county) (State) St Louis County

24. FUNERAL DIRECTOR ADDRESS Ortmann F. Home 9222 Lackland Overland Mo. 25. DATE RECD. BY LOCAL REG. FEB 8 1961 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

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 Al C Ostermann

Licensed Embalmer No. 3478

P. O. Address _____

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