

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Sappington	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If outside, give location) 11630 Denny Road	
3. NAME OF DECEASED (Type or print) First CAROLINE Middle DREHER Last DREHER		4. DATE OF DEATH 3-10-1961	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-1-1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 75 Yrs
11. BIRTHPLACE (City and state or country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Ben Hoffmann		13b. MOTHER'S MAIDEN NAME Caroline Hoffmann	
14. NAME OF HUSBAND OR WIFE Walter F. Dreher) Dece		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Edward B. Quense Sappington 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) Ventricular fibrillation			INTERVAL BETWEEN ONSET AND DEATH few weeks
DUE TO (b) Myocardial infarction			few hours
DUE TO (c) Arteriosclerotic and rheumatic heart disease			3 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420-1			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ 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 1960 to March 10, 1961 and last saw him alive on March 7, 1961 by home at 10 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert S. Wehrhans (Degree or title) MD.		22b. ADDRESS 7165 Delmar St Louis 30, Mo.	22c. DATE SIGNED March 12, 1961
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-13-1961	23c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery	23d. LOCATION (City, town, or county) (State) 4209 Bates St Mo
24. FUNERAL DIRECTOR Ziegenhein Brothers 6409 Gravois		25. DATE RECD. BY LOCAL REG. MAR 12 1961	26. REGISTRAR'S SIGNATURE Neal Smith M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

St. Louis
 Jewish Hospital
 X
 1130 Benny Road
 DREHER
 3-10-1961
 Female
 White
 X
 6-1-1908
 25 yrs
 St. Louis Mo
 U.S.A.
 435-06-5019
 435-06-5019
 St. Louis Mo
 U.S.A.

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 Michael J. Gan Jr

Licensed Embalmer No. 4800

P. O. Address Kirkwood 227

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.