

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-036090

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registrars' District No. **318** Primary Registration District No. **1003** Registrar's No. **9334**  
**FILED OCT 3 1962**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST LOUIS</b>			c. CITY OR TOWN <b>ST LOUIS</b>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ALEXIAN BROS. HOSPITAL</b>			d. STREET ADDRESS (If outside, give location) <b>3703 WISCONSIN AVE</b>		
3. NAME OF DECEASED (Type or print) First <b>FRED</b> Middle <b>DRESTE</b> Last <b>DRESTE</b>			4. DATE OF DEATH Month <b>SEPT</b> Day <b>28</b> Year <b>1962</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>SEPT 7 1880</b>	9. AGE (last birthday) <b>82</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED NEWS PAPER CARRIER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY <b>U-S-A</b>		
13a. FATHER'S NAME <b>CHARLES DRESTE</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>ROSE DRESTE</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>FRED J DRESTE 4006 UTAH ST.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>CORONARY THROMBOSIS</b>					<b>2 DAYS</b>
DUE TO (b) <b>ARTERIO SCLEROTIC HEART DISEASE 2 YEARS</b>					
DUE TO (c) <b>420.0</b>					
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. <input type="checkbox"/> Yes <input 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					
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 <b>7:45 A</b> <b>8-20-62</b> and last saw him alive on <b>9-27-62</b> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Oley J Jones MD</b> (Degree or title)			22b. ADDRESS <b>3616 S. BDWY, ST. LOUIS</b>		22c. DATE SIGNED <b>9-28-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>OCT 1 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SUNSET BURIAL PARK</b>		23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS CO. MO</b>
25. DATE RECD. BY LOCAL REG. <b>SEP 28 1962</b>			26. REGISTRAR'S SIGNATURE <b>Thomas J. Curtis 2906 Gravois</b>		

*Dr. O. S. Jones*

**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 *J. A. Humphrey*

Licensed Embalmer No. 4772

P. O. Address 2906 Gravel

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.