WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 38465

Registered No. 10128

Registration District No. 791 1003

Primary Registration District No.

JAN 3 1934

1. PLACE OF DEATH

County

Township

City St Louis (No. 7529, Vermont Av. St. Ward).

FULL NAME Catherine Dressel

(a) Residence, No. 7529 Vermont Av. St. 1 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anthony Dressel.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 28-1869

7. AGE: Years 64 | Months 7 | Days 24 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

FATHER

13. NAME Decker.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Edw. Dressel
(ADDRESS) 7529 Vermont Av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maryville Mo DATE Nov. 25, 1933

19. UNDERTAKER Jos. G. Fruehe Jr.
(ADDRESS) 7128 Michigan Av.

20. FILED DEC 21 1933 J. F. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10th, 1920, to Nov. 22, 1933. I last saw h. alive on 11/22, 1933. Death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis — Date of onset
126
93
17A

Other contributory causes of importance:
cholelithiasis

Name of operation cholecystectomy Date of 11/11/33.
What test confirmed diagnosis? clinical Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no.
If so, specify

(Signed) C. W. Gardner, M. D.
(Address) 3115 Dr. Grand