

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

43748  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 1003  
 (b) Township..... Primary Registration District No. .... Registered No. 11998  
 (c) City St. Louis, (d) Street No. St. Luke's Hospital St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert Harper Dresser,

(a) Residence, No. 8323 Berkley Drive. St. U. City, Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 11th 1932

7. AGE YEARS 5 MONTHS 3 DAYS 16 If LESS than 1 day, .... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as 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) St. Louis, Missouri.

13. NAME Emerson B. Dresser,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

15. MAIDEN NAME Alice Gibson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT Emerson B. Dresser. (ADDRESS) 8323 Berkley Dr.

18. BURIAL PLACE Bellefontaine DATE Dec. 29, 37

19. FUNERAL DIRECTOR Wagoner Undertaking Co. (ADDRESS) 3621 Olive St.

20. FILED DEC 29 1937 J. Predeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1937, to Dec 27, 1937

I last saw him alive on Dec 27, 1937. Death is said to have occurred on the date stated above, at 6:20 p.m.

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

Pneumonia (Lobar) R

Date of onset

Other contributory causes of importance:

Measles.

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

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? If so, specify

(Signed) J. Homan, M. D.

(Address) 5602 1/2 Delmar

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.

50 Mo. 7-20-37 I X-12004

Dr J. W. Harmon  
5662<sup>9</sup> Delmar.

STATEMENT BY LICENSED EMBALMER

I, Walter King, Licensed Embalmer No. 3563

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Walter King  
Licensed Embalmer No. 3563

**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.)**