

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

12597

Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis..... (d) Street No. Childrens 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.

Registration District No. 791Primary Registration District No. 1003Registered No. 32012. PRINT FULL NAME Beverly Iris Dreste. 623

(a) Residence, No. 6307 Hobart Ave. St. NR St. Louis County.
 (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 12, 1937.</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
	<u>10</u>	<u>22</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>None</u>	
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Missouri.</u>	
	13. NAME <u>Joseph B. Dreste.</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Missouri.</u>	
	15. MAIDEN NAME <u>Dorothy Coffelt.</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sulphur Springs, Missouri.</u>	
	17. INFORMANT (ADDRESS) <u>Mrs. Joseph B. Dreste 6307 Hobart Ave.</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Pauls Churchyard</u> DATE <u>April 5, 1938</u>	
	19. FUNERAL DIRECTOR (ADDRESS) <u>Geo. L. Pleitank Inc. 5966 Eastern Ave.</u>	
	20. FILED <u>APR 5 1938</u> <u>J. F. Breideck</u> Local Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 3, 193822. I HEREBY CERTIFY, That I attended deceased from Apr. 2, 1938, to Apr. 3, 1938I last saw him alive on Apr. 31, 1938. Death is said to have occurred on the date stated above, at 7:15 P.M.

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

Broncho Pneumonia, Date of onset 3/31/38
Primary

Other contributory causes of importance: 107aName of operation..... Date of.....
What test confirmed diagnosis Clinical. Was there an autopsy? No23. 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? NoIf so, specify.....
(Signed) J. P. Davis, M. D.
(Address) 1492 Hodgson Ave.

STATEMENT BY LICENSED EMBALMER

I, David C. Gibson, Licensed Embalmer No. 3454

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

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.)