

MAY 12 1939

REC'D JUN 8 1939

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

19780
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Richmond Heights Primary Registration District No. St. Mary's Hospital Registered No. 869
 (c) City Richmond Heights (d) Street No. St. Mary'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. 0 How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Josephine Dryer
 (a) Residence, No. 1302 W. Big Bend St.
 (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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28-1859

7. AGE YEARS 79 MONTHS 05 DAYS 12 If LESS than 1 day, hrs. or min.

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

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) Missouri

13. NAME Schless

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

15. MAIDEN NAME Caroline Cross

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

17. INFORMANT (ADDRESS) John Dryer 1302 W Big Bend Rd

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter Cemetery DATE 5-13-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jacob H Bopp Richwood Mo

20. FILED MAY 12 1939 St. Louis Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-10-1939

22. I HEREBY CERTIFY, That I attended deceased from 2-10-1939 to 5-10-1939
 I last saw h. l alive on 5-10-1939 Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
arterio sclerosis 196 W
hypertension 18
fractured (l.) hip 18
 Date of onset
 7
 7
 2-10-39

Other contributory causes of importance:
acute coronary dilatation 2-10-39

Name of operation..... Date of.....
 What test confirmed diagnosis? X-Ray 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 2-10-1939
 Where did injury occur? Unhanded man
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Fall
 Nature of injury fractured hip

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) H. P. Stinking, M. D.
 (Address) 1 Brookwood Rd.

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.

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

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.