

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County 2
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2719a Armand Pl.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Jerome Dreyer 6603. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex Male5. Color or
race White6. (a) Single, widowed, married,
divorced Married

6. (b) Name of husband or wife _____

Aurelia6. (c) Age of husband or wife If
alive _____ years667. Birth date of deceased Sept. 29 1869

(Month)

(Day)

(Year)

8. AGE:

Years
69Months
11Days
15

If less than one day

hr. min.

9. Birthplace _____

Alsace-Lorraine

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

Beer Brewer Retired 15 yrs

11. Industry or business _____

MOTHER FATHER

12. Name Joseph Dreyer13. Birthplace Alsace-Lorraine

(City, town, or county)

(State or foreign country)

14. Maiden name Octilia Schupp

(City, town, or county)

(State or foreign country)

15. Birthplace Alsace-Lorraine

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature _____

(b) Address 2719a Armand Pl.17. (a) Burial(b) Date thereof Sept. 16, 1939

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul Cemetery

18. (a) Signature of funeral director _____

(b) Address 2842 N. W. 1st St.19. (a) SEP 14 1939

(Date received local registry)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2719a Armand Pl.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 50 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14
year 1939 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 28th.
1939, to Sept. 12th., 1939

that I last saw him alive on Sept. 12th., 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Diabetic coma

Duration

4 daysDue to DiabetesSepticemia, and bed-sores

Due to _____

Other conditions _____

(Include pregnancy within 7 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(City or town)

(County)

(State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature _____

(M. D. or other)

Address 2278 S. JeffersonDate signed 9-14-39

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 Me
....., Registered Apprentice No.
.....
working under my personal supervision.

Signed

Loron E. Percy

Licensed Embalmer No.

4094

P. O. Address

2842 Lleramed St.
St. Louis, Mo.

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.