

FILED SEP 5 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29668
Registrar's No. 1613

Registration District No. 784

Primary Registration District No. 111

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis.
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL.")
(d) Street No. 375 No. Taylor Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23rd
year 1940 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 8-8-40
_____ 19____, to 8-23-40, 19____;
that I last saw her alive on 8-23-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 90 Min.

Due to Hypertensive Vascular Disease

Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: No operation
Of operations _____
Of autopsy no autopsy

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) Manner of injury _____
23. Signature E. Lee Shrader (M. D. or other) 1
Address 3720 Washington Date signed 8-24-40

3. (a) PRINT FULL NAME Bertha Dreyfus. 612

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife David J. Dreyfus. 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased January 12, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 7 1 1/2 hr. _____ min.

9. Birthplace St. Louis. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business _____

12. Name Edward Bindschaedler. 7

13. Birthplace Switzerland.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Kelly.

15. Birthplace Ireland. 5
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. Norman J. Dreyfus. S.J.

(b) Address St. Louis University.

17. (a) Burial (b) Date thereof 8-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Grand Blvd.

19. (a) AUG 24 1940 (b) R. McLeod
(Date received local registrar) (Registrar's signature)

Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1070

Serial 7600

The Embalmer
College Memphis
1130 am

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 William Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.