S. No. 2
-11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40761

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 10532

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2210 Cass Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Catherine Driemeyer,

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Edward Driemeyer

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. 3. 1862
(Month) (Day) (Year)

8. AGE: Years About 783 | Months 3 | Days 18 | If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Michael Kennedy
13. Birthplace Ireland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Grady
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Edward J. Driemeyer
(b) Address 2140 E. Warne Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director 2117 E. Grand Blvd.
(b) Address 2117 E. Grand

19. (a) DEC 23 1940 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 21 day
year 1940 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from August, 1940, to Dec 21, 1940, that I last saw h[illegible] alive on Dec 21, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 day
Due to: Hypertension	
Due to: Arterio Sclerosis	
Other conditions (Include pregnancy within 3 months of death): Senility	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature G. M. Koralik (M. D. or other)
Address 2204 Cass Date signed

(Licensed Embalmer's Statement on Reverse Side)

Mr. A. M. Kraft
2704 Case Franklin 4270
4744 Eichlberger Flanders 6333

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.