

Registration District No. **7911**

Primary Registration District No. **1009**

Registrar's No. **4885**

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: St. John's Hospital
(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 Doris W. Dreinhofer

3. (b) If veteran, name war None 3. (c) Social Security No. 488-03-6704

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

6. (b) Name of husband or wife Edwin L. Dreinhofer 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Feb. 8th 1911
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	30	4	3	_____ hr. _____ min.

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

10. Usual occupation Office worker

11. Industry or business Bell Telephone Co.

12. Name Chester Brown

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

14. Maiden name Mary Mount

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

16. (a) Informant Edwin L. Dreinhofer

(b) Address 4914a Devonshire Ave.

17. (a) Burial (b) Date thereof 6-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUN 13 1941 (b) J. H. Bradish
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 100
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 4914a Devonshire Ave.
(If rural, give location) 214
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th
year 1941 hour 6:30 minute P.M. M.

21. I hereby certify that I attended the deceased from Sept 2, 1940
19 _____ to June 11, 1941
19 _____
that I last saw her alive on June 11, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Post-partum hemorrhage (2 hrs)

Due to _____
1/46

Other conditions Prey - full term
(Include pregnancy within 3 months of death)

Major findings: Of operations X
Of autopsy no

Duration _____
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) _____
(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? _____

23. Signature O. C. [Signature] (M. D. or other) _____
While at work? _____ (Specify type of place) _____
(e) Means of injury _____

Address 45235 Kings Highway Date signed 6/14/41

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

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 *Reinhold K. Lehmann*
Licensed Embalmer No. *3395*
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, fact should be so stated above.