

FILED OCT 22 1943 **318**

Registration District No. _____

Primary Registration District No. **1002**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES 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 DRIEMEYER, John George

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Elizabeth Driemeyer 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Dec. 8 1884
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Shoe Salesman

11. Industry or business International Shoe Co.

MOTHER FATHER { 12. Name John F. Driemeyer
13. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
14. Maiden name Phillipina Voos
15. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Driemeyer

(b) Address 5565 Chamberlain

17. (a) Burial (b) Date thereof Oct. 18 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Drehmann Harral

(b) Address 1905 Union Blvd.

19. (a) OCT 17 1943 (b) J. P. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 95
(d) Street No. 5565 Chamberlain
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15
year 1943 hour 8 minute 25 A.M.

21. I hereby certify that I attended the deceased from SEPT. 20
1943 to OCT. 15 19 43
that I last saw him alive on OCT. 15 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Pericardial tamponade of a bacterial primary site? liver Duration _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations as above PHYSICIAN _____
Of autopsy none 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? _____

(Specify type of plura) _____
(c) Means of injury 0
23. Signature F. R. Bradley (M. D. County) _____
Address BARNES HOSPITAL Date signed _____

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..... *Albert R. Thompson Jr*

Licensed Embalmer No. *14237*

P. O. Address *St. Louis*

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.