

FILED MAY 17 1946

Registration District No. 318

Primary Registration District No. 1003

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: CITY INFIRMARY, RECORDS CITY INFIRMARY  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4/24/46 to 5/6/46  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000  
(c) City or town ST. LOUIS, MO. 1017  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4600 LEXINGTON  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SARAH DRUMTRA

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 WIDOW

6. (b) Name of husband or wife Wm. J. Drumtra 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JAN. 1873  
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Altenburg Missouri  
(City, town, or county): (State or foreign country)

10. Usual occupation NIL

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name GEORGE BEYER

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

14. Maiden name SARAH kramer

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

16. (a) Informant CITY INFY. RECORDS

(b) Address 5800 ARSENAL

17. (a) Burial (b) Date thereof 5/11/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4600 Natural Bridge Ave.

19. (a) MAY 9 1946 (b) J. F. Bredack  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 8  
year 1946 hour 2:05 minute 00

21. I hereby certify that I attended the deceased from 4/24  
1946, 19\_\_\_\_, to 5-8, 19 46  
that I last saw her alive on 5-7, 19 46  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema + atelectasis

Due to an anterior chronic Hypertension, Congestive Heart Failure

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy Pulmonary edema + atelectasis

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 Julius W. Shier (M. D. or other) \_\_\_\_\_  
Address 5600 Arsenal St. Date signed 7/8/46

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

17221

**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 Burt E. Hoffmann

Licensed Embalmer No. 4366

P. O. Address 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, fact should be so stated above.**