

No. 2  
-12-45  
5-17-39  
I X47070

FILED 818 1946

1003

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis

(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 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 78 days  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Agnes C. Drehkoff

3. (b) If veteran, name war No

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 Wilbert J. Drehkoff

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased July 24, 1917  
(Month) (Day) (Year)

| 8. AGE:  | Years     | Months   | Days      | If less than one day |
|----------|-----------|----------|-----------|----------------------|
| <u>7</u> | <u>29</u> | <u>1</u> | <u>22</u> | hr. _____ min.       |

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

10. Usual occupation House Wife

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

FATHER { 12. Name Milo A. June

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

MOTHER { 14. Maiden name Agnes T. Stapleton

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

16. (a) Informant Mr. Wilbert J. Drehkoff

(b) Address 4958 Rosalie

17. (a) Burial (b) Date thereof Sept. 19'46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bromschwig and Son Funeral Home

(b) Address 4746 W. Florissant Ave.

19. (a) SEP 17 1946 (b) J. J. Brudick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, give "RURAL")

(d) Street No. 4958 Rosalie  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16 year 1946 hour 7 minutes 28 P. M.

21. I hereby certify that I attended the deceased from June 15, 1946 to Sept 16, 1946, that I last saw her alive on 9/16 and that death occurred on the date and hour stated above.

Immediate cause of death Patrol Cystic Kidneys

Due to Patrol Renal Abscess

Due to \_\_\_\_\_

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

Major findings: Abscesses Both Kidneys

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature Leo Bartels (M. D. or other) \_\_\_\_\_

Address 205 R. ... Date signed 9/17/46

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

11-1  
2-3  
Frisco Building  
Delivers

**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 Apprenticé No.....  
working under my personal supervision.

Signed..... *J. W. Wilkinson*.....  
Licensed Embalmer No. *3575*.....

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.**