

8-43
7-39
X37823

FILED DEC 17 1946

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10498**

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:
Desloge 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 Dina Drazer
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 Married
6. (b) Name of husband or wife Dr. L. L. Drazer
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased June 22 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 5 14 hr. min.

9. Birthplace St. Augusta Minn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

MOTHER FATHER
12. Name Anton Laudensch
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Louise Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. L. L. Drazer
(b) Address 4317 Manchester Ave.

17. (a) Burial (b) Date thereof 12 9 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul Cem.

18. (a) Signature of funeral director Kriegshausner Und. Co

(b) Address 4228 So. Kingshighway Bl.

19. (a) DEC 9 1946 J. F. Bredeck
(Date received for local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4317 Manchester Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6th
year 1946 hour 1:40 minute P. M.

21. I hereby certify that I attended the deceased from Dec 5, 1946, to Dec 6, 1946
that I last saw h. er alive on 12-5 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver metastases, primary carcinoma of sigmoid, upper part
Due to.....
Due to.....
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: 1945 Carcinoma of sigmoid
Of operations.....
Of autopsy done.

Duration 1 1/2 years
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 injury) (c) Means of injury.....

23. Signature Charles Stern (M. D. or other)
Address 3700 Washington Date signed 12/7/46

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

OCT 3 1967
70498

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 *Richard W. Storrsand*

Licensed Embalmer No. *4007*

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.