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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1947

Registration District No. 518

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 10765

Registrar's No. 2769

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: Jewish Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 095 5 17 4 0
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5696 Kingsbury
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dena Dreyer
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fem 1
5. Color or race Wh
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Emanuel
6. (c) Age of husband or wife if alive years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
about	68	--	--	hr. min.

9. Birthplace Toomsboro (City, town, or county) Georgia 1 (State or foreign country)
10. Usual occupation at home
11. Industry or business

FATHER
12. Name N.B. Baum
13. Birthplace Irvington (City, town, or county) Georgia 1 (State or foreign country)

MOTHER
14. Maiden name Louisa Kohn
15. Birthplace New York (City, town, or county) N.Y. 1 (State or foreign country)

16. (a) Informant Baum Dreyer
(b) Address 5696 Kingsbury Blvd.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-16-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Dublin- Georgia
18. (a) Signature of funeral director Herman Rudolph
(b) Address 5216 Delmar Blvd.
19. (a) MAR 1 6 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 15 year 1947 hour 12 minute 30 p. M.
21. I hereby certify that I attended the deceased from January 1, 1946, to March 15, 1947, that I last saw her alive on March 15th 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lymphatic leukemia	4 mos.
Due to: Lymphosarcoma of thyroid gland	16 mos
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 55
Of autopsy yes

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. E. Greenfield (M. D. or other) MD
Address 4500 Olive Date signed 3/15/47

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3880

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.