7. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 15 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25482

Registrar's No. 2389

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: 4220 Pleasant St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 10 4220 Pleasant St. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Anna L. Drewes

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: Single

6. (b) Name of husband or wife

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

7. Birth date of deceased: 4 (Month) – 11 (Day) – 1889 (Year)

8. AGE: Years 58 | Months 9 | Days 24 | If less than one day hr. min.

9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country) 1

10. Usual occupation: At home

11. Industry or business

FATHER
12. Name: Fred Drewes
13. Birthplace: St. Louis, Mo. (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name: Anna Langenberg
15. Birthplace: St. Louis County, Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant: August C. Drewes
(b) Address: 4220 Pleasant St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/8/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Friedens Cemetery

18. (a) Signature of funeral director: Math Hermann & Son, Inc.
(b) Address: 2161 East Fair Ave

19. (a) AUG 7 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5th year 1947 hour 12:00 PM minute M.

21. I hereby certify that I attended the deceased from Aug 5, 1946 to Aug 5, 1947 that I last saw her alive on Aug 5, 1947 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Cerebral cardiac failure

Due to: Arteriosclerosis, Chronic Myocarditis

Due to:

Other conditions (Include pregnancy within 3 months of death): 0

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause of 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: 0

23. Signature: [illegible] M. D. or other M.

Address: 1918 East [illegible] Date signed

Jefferson City Printing Co.

(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 Gustav W Dietrich

Licensed Embalmer No. 4329

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.