

S. No. 2
M-5-43
. 5-17-39
> I X36671

FILED AUG 16 1947

Registration District No. _____

Primary Registration District No. 3066

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
436 Couch
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL") 430

(d) Street No. 436 Couch
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Frederick E. Dreste

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lena

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

7. Birth date of deceased October 9, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 10 0 _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name Phillip H. Dreste

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

14. Maiden name _____

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

16. (a) Informant Mrs. Lena Dreste

(b) Address 436 Couch, Kirkwood, Mo.

17. (a) Burial (b) Date thereof 8/12/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cal Hill Cemetery

18. (a) Signature of funeral director Feyer-Pfizinger, Eum

(b) Address Kirkwood, Mo.

19. (a) 8-13-47 (b) Beulah Shapiro
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9
year 1947 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan 15, 1947 to August 9, 1947
that I last saw him alive on 8/7, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to arteriosclerosis

Due to 830

Other conditions _____
(Include pregnancy within 3 months of death)

Duration 1 day

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

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)

23. Signature R. H. Shelton (M. D. or other) MA

Address Kirkwood, Mo. Date signed 8/11/47

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

1904 87 5417

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.....

John M. Meyer

Licensed Embalmer No.....

3285

P. O. Address.....

Kirkwood 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.