S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 23 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29879

Registration District No. 77 Primary Registration District No. 6076 Registrar's No. 1814

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 8-16-47 (Specify whether years, months or days)
In this community 57 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Washington
(c) City or town Hoyleton
(If outside city or town limits, write "RURAL")
(d) Street No. none
(If rural, give location)
(e) Citizen of foreign country? none (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DRIES, Henry C.
3. (b) If veteran, name war WW-1
3. (c) Social Security No. Unknown
4. Sex male
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September (Month) 23, (Day) 1890 (Year)

8. AGE: Years 56 Months 10 Days 28 If less than one day hr. min.

9. Birthplace Hoyleton, Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name Jacob Dries
13. Birthplace Washington Co. Illinois (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Caroline Maschoff
15. Birthplace Washington Co. Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Registrar, Vet. Adm. Hospital
(b) Address Jefferson Barracks, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Hoyleton, Ill.
18. (a) Signature of funeral director A. H. HOEPE FUN. HOME
(b) Address St. Louis, Mo.
19. (a) 8-23-47 (Date received local registrar) (b) Carl A. Shaffer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20 year 1947 hour 5:19 minute A. M.
21. I hereby certify that I attended the deceased from 8-16- 1947 to 8-20 1947 that I last saw him alive on 8-20- 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CEREBRAL HEMORRHAGE, RIGHT	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) HYPERTENSIVE CARDIOVASCULAR DISEASE.	

Major findings:
Of operations no operations
Of autopsy No 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) no
(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 L. E. Stilwell (M. D. or coroner)
L. E. STILWELL, M.D.
Address VAH, Jeff. Brks., Mo. Date signed 8-20-47

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

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.