. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14029
Registrar's No. 3900

Registration District No. 318 Primary Registration District No. 1003

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 St Anthony's Hosp. (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 Mo. (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5722 Virginia (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Baby Dreyer
3. (b) If veteran, name war no
3. (c) Social Security No. no
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 ~~Sept~~ (Month) 25 (Day) 1948 (Year)
8. AGE: Years 0 Months 0 Days 0 If less than one day 8 hr. min.
9. Birthplace St. Louis (City, town, or county) (State or foreign country)
10. Usual occupation none
11. Industry or business
FATHER 12. Name Leroy Dreyer
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name Claire Cohagen
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Leroy Dreyer
(b) Address 5722 Virginia Av.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mathews Cem.
18. (a) Signature of funeral director Witt Bro. L. & M. Co.
(b) Address 2929 S. Jefferson Av.
19. (a) APR 30 1948 (Date received by local registrar) (b) J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Sept~~ 4 day 25 year 1948 hour 8 minute 00 A.M.
21. I hereby certify that I attended the deceased from 4-23 ~~19..~~, 19..~~48~~ to 4-25 ~~19..~~, 19..~~48~~; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Abruptio placenta — Duration
Due to: Hb C — Duration
Due to: — Duration
Other conditions (Include pregnancy within 3 months of death) — Duration
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

23. Signature Matilda L. Tibe (M. D. or other) M.D.
Address 7110 Wuslingen Date signed 4/25/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) MATILDA L TIBE

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. not embalmed.

Signed.....

Licensed Embalmer No.....

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.