

No. 300  
10-47  
5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED OCT 23 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 34078  
8829  
Registrar's No.

1. PLACE OF DEATH:  
(a) County  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
Alexian Bros. Hospital  
(d) Length of stay: In hospital or institution  
In this community  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Good  
(c) City or town St. Louis  
(d) Street No. 5604 Itaska St.  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME JOHN DREHER  
3. (b) If veteran, name war None  
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 9  
year 1948 hour 2:45 minute P. M.  
21. I hereby certify that I attended the deceased from Sept 12 to Oct 9, 1948  
that I last saw him alive on Oct 9, 1948  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Late Lillie  
6. (c) Age of husband or wife if alive years 22 1865  
7. Birth date of deceased Oct. 22 1865  
(Month) (Day) (Year)

Immediate cause of death  
Bronchial Pneumonia  
Cerebral Thrombosis  
Duration 14 days  
Due to arteriosclerosis  
Due to stroke  
Other conditions 88  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
82 11 17 hr. min.

PHYSICIAN  
Major findings:  
Of operations  
Of autopsy  
Underline the cause to which death should be charged statistically.

9. Birthplace Columbia Ill.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired

MOTHER FATHER  
11. Industry or business  
12. Name George Dreher  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Annie Arvin  
15. Birthplace Alsace, Lorraine  
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Lillian Hall  
(b) Address 5604 Itaska St.  
17. (a) Burial (b) Date thereof 10-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burial Park  
18. (a) Signature of funeral director Kriegshauser Und. Co.  
(b) Address 4228 S. Kingshighway Bl.  
19. (a) OCT 11 1948 (b) J. B. Jasater  
(Date received local registrar) (Registrar's signature)

23. Signature Paul Horn (M. D. or other) M.D.  
Address Paul Horn Date signed Oct 11 48

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

Jim. Brown 11-3

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**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 Richard W. Stoverand

Licensed Embalmer No. 4007

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.**