

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26135

949

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph					
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital				d. STREET ADDRESS (If rural, give location) 2706 Renick					
3. NAME OF DECEASED a. (First) Louis			b. (Middle) W.		c. (Last) Draeger		4. DATE OF DEATH (Month) (Day) (Year) Aug. 28, 1949		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Jan. 10, 1873	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 7	IF UNDER 18 HRS. Days 18		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY Chase Candy Co.		11. BIRTHPLACE (State or foreign country) St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME William D raeger		13b. MOTHER'S MAIDEN NAME Johanna Meyer		14. NAME OF HUSBAND OR WIFE Laura Draeger					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel Komer ADDRESS St. Joseph, Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Arteriosclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 Day ? 23IX	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 8-27, 1949, to 8-28, 1949, that I last saw the deceased alive on 8-28, 1949, and that death occurred at 6 a. m., from the causes and on the date stated above.									
23a. SIGNATURE Clifford L. Steidley (Degree or title)				23b. ADDRESS St. Joseph, Mo. 3801 1/2 Francis St.		23c. DATE SIGNED 8-29-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8/30/49		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph Mo.			
DATE REC'D BY LOCAL REG. Sept 6, 1949		REGISTRAR'S SIGNATURE E. B. Jenkins 387		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Heaton Bowman Funeral Home St. Joseph Mo. 6776					

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed William Spalding

Licensed Embalmer No. 4535

P. O. Address 319 S. 10th St. Grand Rapids, Mich.

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.