

FILED DEC 27 1950

STANDARD CERTIFICATE OF DEATH

State File No. **42186**
Registrar's No. **10540**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 10 OR TOWN		d. STREET ADDRESS (If rural, give location) 4140 Grove St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4140 Grove St.			

3. NAME OF DECEASED (Type or Print)	a. (First) SHIRLEY	b. (Middle) JEAN	c. (Last) DREMAN	4. DATE OF DEATH (Month) (Day) (Year) 12 10 50
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Sept. 30-1930	9. AGE (In years last birthday) 20	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 MILE Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) St. Louis-Missouri	12. CITIZEN OF WHAT COUNTRY? 0
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13a. FATHER'S NAME Clarence Dreman	13b. MOTHER'S MAIDEN NAME Florence Holtkamp	14. NAME OF HUSBAND OR WIFE _____
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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. _____	17. INFORMANT'S SIGNATURE OR NAME Clarence Dreman	ADDRESS 4140 Grove St
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Palsy		INTERVAL BETWEEN ONSET AND DEATH 20 yrs.
	ANTECEDENT CAUSES Morbid 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. _____		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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 334X
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22. I hereby certify that I attended the deceased from **Dec. 8, 1950**, to **Dec. 10, 1950**, that I last saw the deceased alive on **Dec. 10, 1950**, and that death occurred at **7:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE Charles J. Wacker	(Degree or title) M.D.	23b. ADDRESS 3911 Lee Ave.	23c. DATE SIGNED 12/11/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-12-50	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) St. Louis County Mo
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DATE REC'D. BY LOCAL REGISTRAR'S SIGNATURE DEC 11 1950 J. B. Jasater	25. FUNERAL DIRECTOR'S SIGNATURE Leidner U., 2223 St. Louis Ave.
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

John P. Buchholz

Licensed Embalmer No. *1674*

P. O. Address *2223 St. Louis Ave*

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.