

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14215

State File No. ....

FILED APR 25 1952

BIRTH NO. ....

REG. DIST. NO. ....

318

PRIMARY REG. DIST. NO. ....

1003

Registrar's No. ....

3477

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) OR TOWN ST. LOUIS,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, 2079	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOHN'S HOSPITAL		d. STREET ADDRESS (If rural, give location) 4622 BIRCHER BLVD	
3. NAME OF DECEASED (Type or Print) a. (First) HERMAN b. (Middle) c. (Last) DREYER SR.		4. DATE OF DEATH (Month) (Day) (Year) APRIL 11, 1952	
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH 10/29/1868
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED BELTING MFG.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED BELTING MFG.		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) ST. LOUIS MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HERMAN DREYER		13b. MOTHER'S MAIDEN NAME ELIZABETH NONNENKAMP	
14. NAME OF HUSBAND OR WIFE CATHERINE DREYER		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. NONE		17. INFORMANT'S SIGNATURE OR NAME CATHERINE DREYER	
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.		19. ADDRESS 4622 BIRCHER BLVD	
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) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerotic Cardiovascular disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hemorrhage + Coma	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE 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 4221	
22. I hereby certify that I attended the deceased from _____, 1938, to Apr 11, 1952, that I last saw the deceased alive on Apr 11, 1952, and that death occurred at 2:30 P.M., from the causes and on the date stated above.			
23a. SIGNATURE Dr. C.H. Luedeman M.D.		23b. ADDRESS 4176 <sup>th</sup> Sherer Ave.	
23c. DATE SIGNED 4/14/52		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 4/15/52		24c. NAME OF CEMETERY OR CREMATORY CALVARY MAUSOLEUM	
24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI		DATE REC'D BY LOCAL REG. APR 15 1952	
REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE STROOT - CARROLL	
25. FUNERAL DIRECTOR'S SIGNATURE STROOT - CARROLL		ADDRESS 4600 NATURAL BRIDGE	

(Licensed Embalmer's Statement on Reverse Side)

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

798

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.....

*Albert Mayfield*

Signed.....

Student Embalmer

Licensed Embalmer No. *3077*

P. O. Address *St. Louis Mo*

**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.