

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

33849

State File No.

FILED DEC 13 1952

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 251

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

1. PLACE OF DEATH a. COUNTY <u>Saint Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Charles</u> <u>0923</u>	
c. LENGTH OF STAY (In this place) <u>27 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>919 No. 3rd Street</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Charles Nursing Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u>	b. (Middle) <u>C</u>	c. (Last) <u>Draiemann</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 8, 1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	8. DATE OF BIRTH <u>Dec. 25, 1869</u>
9. AGE (In years) (Month) (Day) <u>82</u> <u>11</u> <u>13</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Street contractor</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Street contractor</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>City Street Dept.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Bernard Draiemann</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Leibrecht</u>	
13c. FATHER'S NAME <u>Bernard Draiemann</u>		14. NAME OF HUSBAND OR WIFE <u>Mary A (nee Fox) Draiemann</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Hugh Draiemann, St. Charles, Mo.</u>		ADDRESS <u>Hugh Draiemann, St. Charles, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerosis</u> 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 <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>St. Charles St. Charles Mo.</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Charles St. Charles Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>—</u>			
22. I hereby certify that I attended the deceased from <u>Sept 19 1952</u> to <u>Dec 8 1952</u> that I last saw the deceased alive on <u>Dec 8 1952</u> and that death occurred at <u>6 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>William N Poggenmeyer MD</u>		23b. ADDRESS <u>200 Clay St. St. Charles</u>	
23c. DATE SIGNED <u>12-9-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-12-52</u>	
24c. NAME OF CEMETERY <u>St. Charles Borromeo</u>		24d. LOCATION (City, town, or county) (State) <u>St. Charles, Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-9-1952</u>		REGISTRAR'S SIGNATURE <u>Francis Hamilton</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Dallmeyer</u>		ADDRESS <u>St. Charles, Mo</u>	

REC 11 1952

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 Frank R. Amstrong

Licensed Embalmer No. 4832

P. O. Address St. Charles

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.