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

FILED JAN 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42831

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2955

1. PLACE OF DEATH
a. COUNTY St. Louis,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clayton, Mo.
c. LENGTH OF STAY (in this place) D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis County Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY St. Louis
c. CITY OR TOWN Rock Hill, 4631
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 1058 N. Rock Hill Rd.

3. NAME OF DECEASED (Type or Print)
a. (First) HARRY
b. (Middle) J.
c. (Last) DRIER

4. DATE OF DEATH (Month) (Day) (Year) Dec. 16, 1955

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH Oct. 19, 1888
9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Int. Harvester co
11. BIRTHPLACE (City and State or Foreign Country) St, Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Drier
13b. MOTHER'S MAIDEN NAME Rose Reder
14. NAME OF HUSBAND OR WIFE Late Alma Drier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 489-03-2071
17. INFORMANT'S SIGNATURE OR NAME Robert Drier — **ADDRESS** 1058 N. Rock Hill Rd.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Infarction—Cardiac Basis — INTERVAL BETWEEN ONSET AND DEATH: 1 minute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Left Bundle Branch block — 3 yrs
DUE TO (c) Left Ventricular failure (enlargement — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Passive Congestion Lower 2/3 lungs — 3 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 434.2
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 10, *19* 54, *to* Dec. 16, *19* 55, *that I last saw the deceased alive on* Dec. 16, *19* 55, *and that death occurred at* 6:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE Julian Gurney (Degree or title) D.O.
23b. ADDRESS 8321 No Broadway St. Louis, 15, Mo.
23c. DATE SIGNED 12/17/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12/20/55
24c. NAME OF CEMETERY OR CREMATORY Resurrection
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. 12-19-55
REGISTRAR'S SIGNATURE Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser — **ADDRESS** 4228 S. Kingshighway Bl.

St

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....45

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.