

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10184**
Registrar's No. **3017**

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) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5045 A Idaho			f. STREET ADDRESS (If rural, give location) 7159 5045 A Idaho		
3. NAME OF DECEASED (Type or Print) a. (First) WALTER		b. (Middle) I		c. (Last) DREGMAN	
4. DATE OF DEATH (Month) (Day) (Year) 3-26-1957		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 9-21-1884		9. AGE (In years last birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Watchman		11. BIRTHPLACE (City and State or Foreign Country) Columbus Ohio /	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Dregman		13b. MOTHER'S MAIDEN NAME Lidia Nernburg	
14. NAME OF HUSBAND OR WIFE Emma Boll Dregman		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 488-05-1662	
17. INFORMANT'S SIGNATURE OR NAME Emma Dregman		ADDRESS 5045 A Idaho		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic myocarditis		ANTECEDENT CAUSES (b) chronic Parvovirus		INTERVAL BETWEEN ONSET AND DEATH 7-8 yrs.	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) Hypertension.		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		3 yrs.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? 592x YES <input checked="" type="checkbox"/> NO <input 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 Jan 12 - 1950, to Mar. 26, 1957 , that I last saw the deceased alive on 3/26, 1957 , and that death occurred at 6PM m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) W. H. ...			23b. ADDRESS 15 04 So. Grand.		23c. DATE SIGNED 3/28/57
24a. BURIAL, CREMATION REMOVAL (Specify) Removal		24b. DATE 3-30-1957		24c. NAME OF CEMETERY OR CREMATORY New St Marcus Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis Mo		DATE REC'D BY LOCAL REG. MAR 28 '57		REGISTRAR'S SIGNATURE Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE WINGBERMUEHLE		ADDRESS 3819 So Grand Blvd			

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
Signature of Student Embalmer

Signed *George J. Mohammed*
Licensed Embalmer No. *46-11*

P. O. Address *St. Louis 18 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.