URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-032838

STATE FILE NUMBER

FILED VS SEP 24 1959 /60

Registration District No. ____ Primary Registration District No. 5592 Registrar's No. 138

ENDED

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Joachim — Length of stay in 1b 3 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mt. View Nursing Home — Inside Limits Yes ☐ No ☒ X

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY ---
c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ X No ☐
d. STREET ADDRESS (If outside, give location) 706 Kinghighway — Reside on Farm Yes ☐ No ☒ X

3. NAME OF DECEASED (Type or print) First William Middle C. Last Dreyer

4. DATE OF DEATH Month Sept. Day 13, Year 1959

5. SEX M
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☒ X Divorced ☐
8. DATE OF BIRTH Oct. 28, 1883
9. AGE (last birthday) 75 — IF UNDER 1 YEAR Months 10 Days 15 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Rail Road Employee
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) St. Louis,
12. CITIZEN OF WHAT COUNTRY U SA

13a. FATHER'S NAME Richard Lorum Dreyer
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. none
17. INFORMANT Address A. C. Stein, Westgate Hotel, St. Louis, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH Worse 1WK.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-3-56, to 9-13-59 and last saw her him alive on 9-13-59
Death occurred at 5:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. N. Donnell, M.D.
22b. ADDRESS 112 Mississippi ave. Crystal City, Mo.
22c. DATE SIGNED 9-15-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sept. 17, 1959
23c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS Schumacher Funeral Home, 3013 Meramac
25. DATE RECD. BY LOCAL REG. 9/15/59
26. REGISTRAR'S SIGNATURE John N. Stoll Deputy

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MAR 1 1960

FEB 9

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4603

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.