

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028590  
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7275**

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JUL 31 1962**

1. PLACE OF DEATH  
a. COUNTY **St. Louis**  
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in lb **23 Days**  
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **Park Lane Hospital** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo** b. COUNTY **St. Louis**  
c. CITY OR TOWN **Glencoe** Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) **Rt 1** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **Albert** Middle **O.** Last **Dreinhofer** 4. DATE OF DEATH Month **July** Day **23** Year **1962**

5. SEX **male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **6-20-89** 9. AGE (last birthday) **73** IF UNDER 1 YEAR Months **7** Days **3** IF UNDER 24 HR Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **farmer** 10b. KIND OF BUSINESS OR INDUSTRY **own farm** 11. BIRTHPLACE (City and state or country) **St. Louis Co., Mo** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Chas. Dreinhofer** 13b. MOTHER'S MAIDEN NAME **Sophie Wolf** 14. NAME OF HUSBAND OR WIFE **none**

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. **Yes (Unk)** 17. INFORMANT **Mabel Dreinhofer** Address **Rt 1, Glencoe Mo**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Uremia**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Cardiomyopathy**  
DUE TO (c) **Hematuria 18101**  
INTERVAL BETWEEN ONSET AND DEATH **about 1 year**

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 **June 30 1962 to July 23/62** and last saw him alive on **July 23/62**  
Death occurred at **July 23/62 6:00 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Mabel Dreinhofer** (Degree or title) **M.D.** 22b. ADDRESS **503 - Howard St St. Louis** 22c. DATE SIGNED **July 23/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **7-26-62** 23c. NAME OF CEMETERY OR CREMATORY **Bethel Cemetery** 23d. LOCATION (City, town, or county) **Pond Mo.**

24. FUNERAL DIRECTOR **Schrader Funeral Home Ballwin, Mo** ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. **JUL 24 1962** 26. REGISTRAR'S SIGNATURE **Roald Smith, M.D.**

VS 300 Rev. 4/59  
1  
3  
4 0  
5 0  
6  
7 0  
8 2  
9  
10  
11  
12 70-0  
13

DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
SHOULD READ  
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

**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 Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Ballerwin 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.