

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035565
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 88 Primary Registration District No. 5328 Registrar's No. 34

VS 300
Rev. 4/59

1 6280
2 0280
3
4 0
5 2
6
7 2
8 2
9 286.5
10
11
12 90-n
13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

FILED SEP 30 1963	
1. PLACE OF DEATH	
a. COUNTY <u>Crawford</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>South</u>	a. STATE <u>Mo.</u> b. COUNTY <u>Crawford</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At 2, Box 227</u>	d. STREET ADDRESS (If outside, give location) <u>At 2, Box 227</u>
3. NAME OF DECEASED (Type or print) <u>Dr. Karl H. Drieshaber</u>	4. DATE OF DEATH <u>Sept. 21 1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-18-1886</u>
9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>3</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Psychiatrist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Psychiatrics</u>
11. BIRTHPLACE (City and state or country) <u>Stauburg, Alsace, France</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Drieshaber</u>	13b. MOTHER'S MAIDEN NAME <u>Adelaine ?</u>
14. NAME OF HUSBAND OR WIFE <u>Pauline nee Pfeiffer</u>	Address <u>Dec-10-2-1942</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. INFORMANT <u>Dr. Karl H. Drieshaber</u>
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Heart Failure</u>	
DUE TO (b) <u>Marked Electrolyte Imbalance</u>	
DUE TO (c) <u>Marked Malnutrition & Dehydration</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Alcoholic Cirrhosis</u>	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION <u>Bowbon, Mo</u> COUNTY <u></u> STATE <u></u>	
21. I attended the deceased from <u>1961</u> to <u>present</u> and last saw her/him alive on <u>16 Sept 63</u>	
Death occurred at <u>12:30 ±</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>London W. Duff MD</u>	22b. ADDRESS <u>Bowbon, Mo</u>
22c. DATE SIGNED <u>22 Sept 63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-24-63</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery, St. Louis Co. Mo</u>	
23d. LOCATION (City, town, or county) <u>Mo</u>	
24. FUNERAL DIRECTOR <u>J.P.P. [Signature]</u>	25. DATE RECD. BY LOCAL REG. <u>9-23-63</u>
26. REGISTRAR'S SIGNATURE <u>Mrs Hazel Lichius</u>	

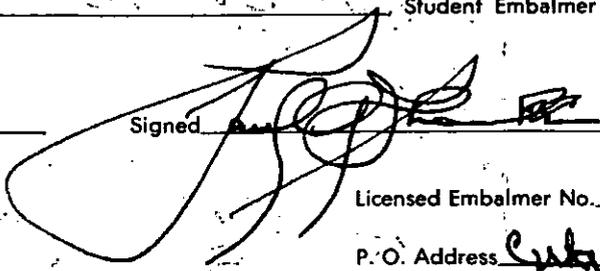
USE BLACK INK OR TYPEWRITER RIBBON

(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 embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 3492

P.O. Address Emb, 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.