

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

PLACE OF DEATH

County \_\_\_\_\_  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City St Louis

Registration District No. 791 File No. 7671  
Primary Registration District No. 1003 Registered No. 2036  
(NO. 3440 Keokuk St. 13 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Michael Drissel

**PERSONAL AND STATISTICAL PARTICULARS**

SEX Male COLOR OR RACE White SINGLE MARRIED Married WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Dec. 19, 1863  
(Month) (Day) (Year)

AGE 49 yrs. 2 mos. 7 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Police Sergeant.  
(b) General nature of industry, business, or establishment in which employed (or employer) 3-96

BIRTHPLACE (City or town, State or foreign country) St Louis

NAME OF FATHER Joy Drissel

BIRTHPLACE OF FATHER (City or town, State or foreign country) mo.

MAIDEN NAME OF MOTHER Anna Bresser

BIRTHPLACE OF MOTHER (City or town, State or foreign country) France

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Amelia Mark  
(ADDRESS) 3855 Virginia St

Filed FEB 28 1913 1913 Marie Starkoff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Feb. 26, 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from January, 1912, to February, 1913, that I last saw him alive on Feb 24, 1913, and that death occurred, on the date stated above, at 5<sup>10</sup> a.m. The CAUSE OF DEATH\* was as follows:

myocardia aortae  
96  
97  
(Duration) 1 yrs. 4 mos. \_\_\_ ds.

Contributory (SECONDARY) General arteriosclerosis  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) Hugh Sumner M. D.  
Feb 28, 1913 (Address) Metropole Hotel

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted If not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL S. S Peter & Paul DATE OF BURIAL March 3, 1913

UNDERTAKER Mrs Schumacher ADDRESS 2002 S 22<sup>nd</sup>