

REC'D APR 11 1938

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

8579

Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. **791**
(b) Township 1 Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **4535 Fair Ave.** St.
(e) Length of residence in city or town where death occurred **55** yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **2167**2. PRINT FULL NAME **Camilla Drake** **620**

(a) Residence, No. **4535 Fair Ave.** St. **10**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Widow of J. R. Drake**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 7, 1864**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 0 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Lexington** 0
(STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Chas. A. Norriss** 1
14. BIRTHPLACE (CITY OR TOWN) **Baltimore** 1
(STATE OR COUNTRY) **Maryland**

MOTHER 15. MAIDEN NAME **Louisa Reed** 1
16. BIRTHPLACE (CITY OR TOWN) **Baltimore** 1
(STATE OR COUNTRY) **Maryland**

17. INFORMANT **Charles R. Drake**
(ADDRESS) **6163 Laura Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine Cem.** DATE **Mar. 4** 19**38**

19. FUNERAL DIRECTOR **Suedmeyer & Sons**
(ADDRESS) **3934 N. 20th St.**

20. FILE **MAR 3 1938**

J. T. Bredeck (Address) **4356 Tame**
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3 - 2 - 1938**

22. I HEREBY CERTIFY, That I attended deceased from **3-20** 19**37** to **3-2** 19**38**

I last saw h. **EX** alive on **3-1** 19**38** Death is said

to have occurred on the date stated above, at **4 A. m.**

The principal cause of death and related causes of importance were as follows:

Cardiac dilatation
Chronic myocarditis
Coronary thrombosis
Hypertension

Date of onset

Other contributory causes of importance:

arteriosclerosis
Chronic Brights

Name of operation Date of

What test confirmed diagnosis? **Physic** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify **None**

(Signed) **W. M. Quinn**, M. D.

STATEMENT BY LICENSED EMBALMER

I, Geo. P. Schubert, Licensed Embalmer No. 2212

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Geo. P. Schubert
Licensed Embalmer No. 2212

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.)