C 22 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44557

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 2262

1. PLACE OF DEATH:
(a) County St. Louis 1
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 hr. 55 min. (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Mo (b) County St. Louis
(c) City or town S. Kinloch
(If outside city or town limits, write "RURAL")
(d) Street No. 78 Monroe
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Norma Jean Drake 620
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex female
5. Color or race colored
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 4 (Month) 29 (Day) 1939 (Year)

8. AGE: Years 0 Months 7 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace Clayton (City, town, or county) Mo. (State or foreign country)
10. Usual occupation nil. 0
11. Industry or business nil 1
FATHER
12. Name Wyle Drake
13. Birthplace Pocahatas (City, town, or county) Ark. (State or foreign country) 1
MOTHER
14. Maiden name Naomi Williams
15. Birthplace Huntsville (City, town, or county) Texas (State or foreign country)
16. (a) Informant's own signature Wyle Drake
(b) Address 78 Monroe, S.Kinloch, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/23/39 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Boyd Bros.
(b) Address Six Stanza Kinloch
19. (a) DEC 22 1939 (Date received local registrar) (b) R. Meyer MD DEPT (Registrar's signature) 707

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1939 hour 5 minute :55 P. M.
21. I hereby certify that I attended the deceased from 12-21-39
....., 19...., to 12-21-39, 19....;
that I last saw her alive on 12-21-39, 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Bronchial Pneumonia	48 hr.
Due to Primary	
Due to 107 A	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature [signature] (M. D. or other) 1
Address St. Louis Co. Hosp Date signed 12-22-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 8-17-39 1 X19511

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.