FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9248

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2731

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Feby 24, 1940 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Champaign

(c) City or town Champaign NR
(If outside city or town limits, write "RURAL")

(d) Street No. 312 West Stanage Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME Lenora Drumm

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank Carl Drumm

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May 24, 1885 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
54	9	27	hr. min.

9. Birthplace Brighton (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Adolph Miller
13. Birthplace Brighton (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Minnie Penning
15. Birthplace Godfrey (City, town, or county) Illinois (State or foreign country)

16. (a) Informant's own signature Frank Carl Drumm
(b) Address 312 West Stanage - Champaign Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3.25.40 (Month) (Day) (Year)

(c) Place: burial or cremation Shepard Funeral Home 4 4 8

18. (a) Signature of funeral director 1167 Hamilton Avenue.
(b) Address Burial at Alton Illinois

19. (a) MAR 23 1940 (Date received local registrar) (b) J. E. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21, 1940
year hour 9 minute P. M.

21. I hereby certify that I attended the deceased from 10-20-, 1939, to 3-21-, 1940
that I last saw her alive on 3-21, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Paralysis Agitans	
Post Encephalitis Residual	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Cerebritis	
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)
Address 4952 Maryland Ave. Date signed 3/22

(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 I 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. Guy W Wilkinson

Licensed Embalmer No. 3575

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.