

FILED MAR 17 1942

STANDARD CERTIFICATE OF DEATH

State File No. 4281
1744
Registrar's No.

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Days
(Specify whether
In this community... 2 Mos.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 25th Geo
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7th and Market (American Hotel)
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31,
year 1942 hour 10:25 minute A. M.
21. I hereby certify that I attended the deceased from January
13, 1942 to January 31, 1942.
that I last saw him alive on January 31, 1942.
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic tuberculous
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 3
Of operations _____
Of autopsy _____
Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Elbert Davis Drury

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Beth 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased November 20, 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months 2 Days 11 If less than one day hr. min.

9. Birthplace Drury's Bluff Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business Physician

MOTHER FATHER { 12. Name Chauncey Drury

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Mary Dunham

15. Birthplace Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Morrison
(b) Address St. Louis City Hospital #1

17. (a) Amputation (b) Date thereof 2 26 42
(Specify, cremation, ~~autopsy~~) (Month) (Day) (Year)
(c) Place: burial or cremation Amputation City

18. (a) Signature of funeral director W. J. White
(b) Address City Hospital No 1
19. (a) FEB 25 1942 (b) J F Beedeck
(Date received local registrar) (Registrar's signature)

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?
While at work? (Specify type of place) (Specify means of injury) _____
23. Signature Drewon Petersen (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 2/2/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, fact should be so stated above.