

State File No.
 Registrar's No.

JUL 13 1942 791
 Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County..... St. Louis, Mo.
 (b) City or town.....
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution.....
 Homer Phillips Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 22 days
 (Specify whether
 In this community..... 22 years
 years, months or days)

3. (a) PRINT FULL NAME Maggie Drake
 3. (b) If veteran, name war..... No
 3. (c) Social Security No..... No

4. Sex Female 3
 5. Color or race Col
 6. (a) Single, widowed, married, divorced, widow
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... April 11, 1864
 (Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 17
 If less than one day hr. min.

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

10. Usual occupation.....
 (City, town, or county) (State or foreign country)

11. Industry or business.....

12. Name Frank Adams

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

14. Maiden name Jane Duaton
 15. Birthplace.....
 (City, town, or county) (State or foreign country)

16. (a) Informant Sarah Mc Murray
 (b) Address 2328 Cole St.

17. (a) Burial (Burial, cremation, or removal)
 (b) Date thereof July 3, 1942
 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director F. A. Brown
 (b) Address 2915 Franklin Ave

19. (a) III 3 1942 (Date received local registrar)
 J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2328 Cole St.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28, year 1942 hour 7:40 minute A. M.

21. I hereby certify that I attended the deceased from June 6, 1942 to June 28, 1942;
 that I last saw her alive on June 28, 1942;
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
 Gangrene of right leg
 Etiology—Unknown

Due to.....
 Due to.....

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?

While at work..... (Specify type of place)
 Means of injury.....

23. Signature H. E. A. Forde (M. D. or other)
 Address 2601 N. Whittier Date signed 6-30-42

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.....

J. G. Green

Licensed Embalmer No.....

2963

P. O. Address.....

2915 Franklin

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.