

No. 2
4-13-40
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22723
6352

FILED AUG 6 1942 791

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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:
Deaconess Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 9 days
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME..... Ethel R. Druin

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

4. Sex F / 5. Color or race W / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife..... Harry Druin 6. (c) Age of husband or wife if alive..... 64 years

7. Birth date of deceased June 7, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 1 20 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name..... John Gray

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

14. Maiden name..... Mary Youngs

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

16. (a) Informant..... Harry Druin

(b) Address..... 7123 Rabenburg Pl.

17. (a) Removal (b) Date thereof 7-29-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sparta, Ill.

18. (a) Signature of funeral director Jay B. Smith

(b) Address..... 7456 Manchester

19. (a) JUL 28 1942 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7123 Rabenburg Pl.
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1942 hour 3 minute 10 A. M.

21. I hereby certify that I attended the deceased from July 16, 1942, to July 27, 1942
that I last saw him alive on July 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Embolism
Duration
20 minutes

Due to MI
Due to

Other conditions Ruptured Gangrenous Appendix
(Include pregnancy within 3 months of death) 11 days

Major findings: Ruptured Gangrenous Appendix
Of operations operated 7-18-42 Deaconess Hospital
Of autopsy operated by Dr. John Hottel University Club Hospital St. Louis Mo
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)
(e) Means of injury _____

Signature Vincent J. Gorman (M. D. or other) MD
Address 3101^a Sutton Ave Maplewood
Date signed 7-27-42

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

MOTHER FATHER

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..