

S. No. 2  
M-5-42  
7-5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31889

State File No. ....

FILED OCT 21 1942  
318

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 8396

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  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Mo. 14 Days  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....  
(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... 4587 Kensington Ave  
(If rural, give location)  
(e) Citizen of foreign country?.....  
If yes, name country.....

3. (a) PRINT FULL NAME Baby Drake, Clarence Donald

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

4. Sex male 5. Color or Race white 6. (a) Single,  married,  divorced child

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

7. Birth date of deceased August, 24, 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
                    1      14                    hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....

13. Birthplace.....

14. Maiden name FREDA DRAKE (City, town, or county) (State or foreign country)

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

16. (a) Informant Freda Drake

(b) Address Urbana, Ill.

17. (a) Burial (b) Date thereof 10-10-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles Cemetery

18. (a) Signature of funeral director Albert H. Hoffe, Inc

(b) Address 4200 Washington Blvd.

19. (a) OCT 9 1942 (b) J. F. Bredeck  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8,  
year 1942 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from August  
24, 1942, to October 8, 1942  
that I last saw him alive on October 8, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital atresia of bile ducts  
Due to Spherocytosis hemolytica  
Due to splenic infarction

Other conditions (Include pregnancy within 3 months of death)

Major findings: 151  
Of operations.....  
Of autopsy Atretic hepatic ducts

Duration  
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) (e) Means of injury.....

23. Signature J. F. Bredeck (M. D. or other)  
Address 1515 Lafayette Avenue Date signed 10/8/42

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

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**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.

*Embalmer cert. filed separately.*

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.**