

S. No. 2
1-9-44
7. 5-17-39
P-I X29484

35326

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 16 1942 318

Registration District No.

Primary Registration District No.

Registrar's No. 9332

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

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:
3414 Arlington Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (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. 3414 Arlington Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Frances Jane Drake

3. (b) If veteran, name war.....

3. (c) Social Security No. 497-16-5511

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9th.
year 1942 hour 4.00 minute 30 A. M.

21. I hereby certify that I attended the deceased from....., 19..... to....., 19.....
that I last saw h..... alive on..... and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W

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

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

7. Birth date of deceased July 17th 1922
(Month) (Day) (Year)

Immediate cause of death Hemorrhagic Pachymeningitis
Acute Nephritis

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations Pending
Of autopsy.....

8. AGE: Years Months Days If less than one day
20 3 22 hr. min.

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

10. Usual occupation Book keeper

11. Industry or business John Deere Plow Co.

MOTHER FATHER { 12. Name C. Earl Drake

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

14. Maiden name Margurite Minningrode

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

16. (a) Informant C. Earl Drake

(b) Address 3414 Arlington Ave.

17. (a) Burial (b) Date thereof 11-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) NOV 9 1942 (Date received local registrar)
J. F. Bredek (Registrar's signature)

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 Thomas J. Callahan (M. D. or other)
Address Deputy Coroner Date signed 11/9/42

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address. 3710 N. Grand Bl

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.