. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35327

FILED DEC 7 1942

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 9961

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4mos. 23days. (Specify whether years, months or days) In this community 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis 96
(c) City or town ~~St. Louis~~ (If outside city or town limits, write "RURAL") NR
(d) Street No. 831 E.Big Bend Rd. (If rural, give location) Webster Groves, Mo.
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

3. (a) PRINT FULL NAME ANNE DRAPER
3. (b) If veteran, name war –
3. (c) Social Security No.
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 8, 1868 (Month) (Day) (Year)
8. AGE: Years 74 Months 6 Days 20 If less than one day hr. min.
9. Birthplace Louisville (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Clerk
11. Industry or business
MOTHER FATHER
12. Name James Moore
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)
14. Maiden name Irene Saunder
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant L. Weyendorf
(b) Address 5400 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 14 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.
18. (a) Signature of funeral director Chas. A. Bell
(b) Address 4452 Washington Bl
19. (a) NOV 30 1942 (Date received local registrar) J. T. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28 year 1942 hour 9:13 minute P. M.
21. I hereby certify that I attended the deceased from 7-13-42, 19..., to 11-28-42, 19...; that I last saw her alive on 11-28-42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Cardio Vascular Disease (onset 7-13-42x).	Renal
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Anthony K Bunch (M. D. ~~or other~~)
Address 5300 Arsenal St. Date signed 11/29/42

(Licensed Embalmer's Statement on Reverse Side)

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 William J. Hivans

Licensed Embalmer No. 4319

P. O. Address St Louis Mo.

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.