

FILED MAY 15 1943

Registration District No. **317**

Primary Registration District No. **3070**

Registrar's No. **1081**

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7  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **ST. LOUIS MO.**  
(b) City or town **St. Louis Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1611 JONQUIL TERRACE**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community **4 YRS**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **ST. LOUIS MO.**  
(c) City or town **WEBSTER GROVES MO.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1611 JONQUIL TERRACE**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **DRUSILLA JOSEPHINE REASON**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **HOWARD REASON** 6. (c) Age of husband or wife if alive **42** years

7. Birth date of deceased **MARCH-27-1902**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**41 1 8** — hr. — min.

9. Birthplace **ST. LOUIS MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business

MOTHER FATHER

12. Name **DUDLEY P. SCHNELLBACHER**

13. Birthplace **KANSAS CITY MISSOURI**  
(City, town, or county) (State or foreign country)

14. Maiden name **ALICE GRAHAM**

15. Birthplace **ST. LOUIS MISSOURI**  
(City, town, or county) (State or foreign country)

16. (a) Informant **R. S. Reason**

(b) Address **1611 JONQUIL TERRACE**

17. (a) **BURIAL** (b) Date thereof **MAY 8-1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEM.**

18. (a) Signature of funeral director **R. S. Reason**

(b) Address **WEBSTER GROVES MO.**

19. (a) **5-7-43** (b) **C. J. McLaughlin, M.D.**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **5**  
year **1943** hour **11** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **March 3**, 19**41**, to **May 5**, 19**43**  
that I last saw him alive on **May 5**, 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** **24 hrs**

Due to **Left Cerebral Hemorrhage** **12 yrs**

Due to **Infarct from Rheumatic Heart**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....  
Of autopsy..... **956**

Duration  
24 hrs  
12 yrs  
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 **A. P. Keutel** (M. D. or other)  
Address **3206 Garois** Date signed **5/9/43**

*Wm. V. H. [unclear]  
Mason & [unclear]*

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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.

Signed *E. E. Aldrich*

Licensed Embalmer No. *1332*

P. O. Address *Subsided Grove*

**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.**