

S. No. 2
M-5-43
7-5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39288
Registrar's No. 11156

FILED JAN 15 1948
Registration District No. _____

Primary Registration District No. 1003

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:
Enroute To City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____ 3
years, months or days

3. (a) PRINT FULL NAME Elizabeth Drab
 3. (b) If veteran, name war Nil
 3. (c) Social Security No. Unknown

4. Sex Female
 5. Color or race White
 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 3 1919
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>25</u>	<u>5</u>	<u>21</u>	_____ hr. _____ min.

9. Birthplace St. Francois Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Inspector
 11. Industry or business Emerson Electric Co.

12. Name Joseph Drab
 13. Birthplace Unknown Czechoslovakia
(City, town, or county) (State or foreign country)

14. Maiden name Anna Fetyko
 15. Birthplace Unknown Czechoslovakia
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Drab
 (b) Address 4529 Manchester Ave.

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 12-29-44
(Month) (Day) (Year)
 (c) Place: burial or cremation Bonne Terre, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Blvd.

19. (a) DEC 28 1944 J. F. Breach
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town 1511 St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. Apt. A De Soto Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24
 year 1944 hour 12 minute 40

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

Immediate cause of death _____
Internal Hemorrhage
after Puncture of Fetal Membranes
 Due to _____
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Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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)
 (c) Means of injury _____
 23. Signature Alfred Werry (M. D. or other)
 Date signed 12/28/44

Dec 11 1908

[Handwritten signature and illegible text]

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 *[Handwritten Signature]*

Licensed Embalmer No. *1861*

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.