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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10732

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 718

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Johns (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3610-Brown Road (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 25-Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 91

(c) City or town St. Johns (If outside city or town limits, write "RURAL")

(d) Street No. 3610-Brown Road (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Martha Drakesmith

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife F. William

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May (Month) 12 (Day) 1882 (Year)

8. AGE: Years 63 Months 10 Days 12 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Ernst Brueseke
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Catherine Scherer
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant F. William Drakesmith

(b) Address 3610-Brown Rd-Overland, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-46 (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Baumann Bros Ind.

(b) Address 2504-Woodson Rd-Overland, Mo.

19. (a) 3/27/46 (Date received local registrar) (b) E. G. McGowan Ind. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1946 hour 12 minute 35 A M.

21. I hereby certify that I attended the deceased from March, 19__, to ____, 19__; that I last saw her alive on 3/28/46, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 2 yrs.

Due to Carcinoma of cervix & bladder

Due to 52 b

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 C. A. Wattenberg (M. D. or other)

Address 3720 Washington Date signed 3/25/46

707 (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.....Harold K. Brown.....

Licensed Embalmer No.....4337.....

P. O. Address.....Overland, 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.