

No. 2  
M-5-43  
5-17-39  
I X36671

**FILED** OCT 16 1946  
318

State File No. \_\_\_\_\_  
Registrar's No. **8565**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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:  
Alexian Brothers Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution one week  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Louis C. Drawing  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 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 April 14, 1900  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>5</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation laborer

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Charles F. Drawing  
13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Martin  
15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Drawing  
(b) Address 4656 Hanover  
17. (a) burial (b) Date thereof 10/5/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem  
18. (a) Signature of funeral director J L Ziegenhein & Sons  
(b) Address 7027 Gravois

19. (a) OCT 5 1946 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St Louis  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4656 Hanover  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3  
year 1946 hour 6 minute 30 AM  
21. I hereby certify that I attended the deceased from Aug 1 1946  
to Oct 3 19 46  
that I last saw him alive on 10-3-46 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death: ac dilatation of heart Duration 1/2 day  
chronic myocarditis 2 yrs  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Ca of thromb 2 yrs  
(Include pregnancy within 3 months of death)  
Major findings: ca metastasis & PHYSICIAN  
Of operations: liver & intestines  
Of autopsy \_\_\_\_\_  
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, or public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_  
23. Signature Louis S. Cullen (M. D. or other) \_\_\_\_\_  
Address 48 Lewis Ferry Rd Date signed 10/4/46

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

33856

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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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland 147

**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.