

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25478**
Registrar's No. **7167**

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:
3551 Victor St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Eugene Drach**
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 **Married**
6. (b) Name of husband or wife **Jennie Drach** 6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **December 14, 1880**
(Month) (Day) (Year)

8. AGE: Years **66** Months **57** Days **17** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Electrical Glass Bender**

11. Industry or business _____
12. Name **Edward Drach**
13. Birthplace **Don't Know**
(City, town, or county) (State or foreign country)
14. Maiden name **Sybilla Burmel**
15. Birthplace **Don't Know**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Jennie Drach**
(b) Address **3551 Victor St.**
17. (a) **Burial** (b) Date thereof **8-2-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Weick Bro. Und. Co.**
(b) Address **2201 S. Grand Bl.**
19. (a) **AUG 1 1947** (b) **J. F. Brudek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **ada**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **9**
(d) Street No. **3551 Victor St.** **0**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **31st**
year **1947** hour **2** minute **30 A.** M.
21. I hereby certify that I attended the deceased from **1-15-46**, 19____, to **7-31**, 19____.
that I last saw him alive on **7-29-**, 19____.
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Paralytic Agitation or Parkinson's Disease
Due to _____
Due to _____
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) (e) Means of injury _____
23. Signature **Burton Bohannon** (M. D. or other) **MD**
Address **2102 S. Grand** Date signed **8-1-47**

Duration **2 yrs.**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

*Dr Bohannon
Stand v Sidney*

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.....

..... James R. Dunn, Registered Apprentice No. 403
working under my personal supervision.

Signed *Sam A. Stewart*

* Licensed Embalmer No. 3722

P. O. Address 2201 S. Grand Bl.

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.