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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED SEP 8 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28990

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8286**

**1. PLACE OF DEATH:**

(a) County St. Louis

(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:  
Firmin Desloge Hosp. 0  
(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 Joseph Edward Drummond

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 \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: Aug 22 1947  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

Years	Months	Days	If less than one day
		<u>7</u>	<u>8</u> hr. <u>8</u> min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Joseph Drummond 0

13. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Monie Irene Williams 0

15. Birthplace Newburg Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Monie Drummond

(b) Address 7125 1/2 Chouteau Ave.

17. (a) Burial (b) Date thereof: 8-30-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Olive Cemetery

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4778 S. KINGSHAWAY

19. (a) AUG 30 1947 (b) J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO. (b) County 000

(c) City or town ST LOUIS  
(If outside city or town limits, write "RURAL")

(d) Street No. 4125 1/2 CHOUTEAU AVE  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 29  
year 1947 hour 5<sup>00</sup> minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Aug 22  
1947, to Aug 29 1947

that I last saw him alive on Aug 29 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death  
atelectasis  
prematurity

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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)

(c) Means of injury \_\_\_\_\_

23. Signature T. P. Shields (M.D. or other) \_\_\_\_\_

Address 1325 So. Grand Date signed 8-30-47

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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..... *Edwin M. Gernatt*.....

Licensed Embalmer No..... *3024*.....

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.**