V. S. No. 2
50M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 25 1947

Registration District No. 3477

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 404976

Primary Registration District No. 3066

Registrar's No. 2376

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rural - Kirkwood, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 119 Old Marshall Rd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Kathryn Eva Drake
3. (b) If veteran, name war
3. (c) Social Security No.

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 January (Month) 16 (Day) 1944 (Year)

8. AGE: Years 3 Months 9 Days 29 If less than one day hr. min.

9. Birthplace Glendale (City, town, or county) California (State or foreign country)
10. Usual occupation Child
11. Industry or business

FATHER
12. Name Alfred Drake
13. Birthplace Los Angeles (City, town, or county) California (State or foreign country)

MOTHER
14. Maiden name Pauline Caselli
15. Birthplace Tonopah (City, town, or county) Nevada (State or foreign country)

16. (a) Informant Alfred Drake
(b) Address 119 Old Marshall Rd, Valley Park
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11/17/47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (c) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne Dr. Kirkwood
19. (a) 11-20-47 (Date received local registrar) (b) Cecil C. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 11 day 15 year 47 hour minute M.

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.

	Duration
Immediate cause of death Drowning	
Due to 183	
Due to 216	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 91
(b) Date of occurrence Nov. 15, 1947
(c) Where did injury occur? St. Louis County, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Meramec River (Specify type of place) Suffocation
While at work? (Specify) Means of injury
23. Signature Arnold J. Willmann Coroner
Address Clayton, Mo. Date signed 11/18/4

Jefferson City Printing Co.

(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.....Not Embalmed

Licensed Embalmer No.....

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.