

No. 300
1-10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

State File No. 27655
Registrar's No. 7728

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CITY HOSPITAL
(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 ELMER E. DRISKELL
3. (b) If veteran, name war W. W. I.
3. (c) Social Security No. _____

4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife ELIZABETH DRISKELL
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: MARCH 19 1891
(Month) (Day) (Year)

8. AGE: Years 57 Months 5 Days 12
If less than one day _____ hr. _____ min.

9. Birthplace BROUGHTON ILL.
(City, town, or county) (State or foreign country)

10. Usual occupation SEAMAN

11. Industry or business S.S. ADMIRAL

MOTHER FATHER
12. Name CLEM. DRISKELL
13. Birthplace ILL.
(City, town, or county) (State or foreign country)
14. Maiden name ROSE GIBSON
15. Birthplace ILL.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eliza An Driskell
(b) Address Broughton Ill.

17. (a) REMOVAL (b) Date thereof SEPT-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELDORADO ILLINOIS

18. (a) Signature of funeral director E. J. SCHMUR
(b) Address 3125 LA FAYETTE AV.

19. (a) _____ (b) J. F. BRADY
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MOO
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1309A S. 13th St.
(If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 1
year 1948 hour _____ minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration _____
Due to _____
Due to _____
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 _____
Signature Patrick E. Taylor, M.D. (M. D. or other) _____
Address 1300 Clark Date signed SEP 2 1948

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.....

Licensed Embalmer No. 4014

P. O. Address. 3125 Lafayette

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.