

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 31718
 Registrar's No. 7781

FILED SEP 20 1949

99093

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		f. STREET ADDRESS (If rural, give location) 8613 Oriole	
3. NAME OF DECEASED (Type or Print) a. (First) Mae Drayman b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Sept. 6th, 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 3, 1878
9. AGE (In years last birthday) 71		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home,	10b. KIND OF BUSINESS OR INDUSTRY -----
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Sullivan,		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Henry Drayman, deceased
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J. Hoyer, 8613 Oriole
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio-vascular disease cerebral ANTECEDENT CAUSES DUE TO (b) Psychosis with arterio-sclerosis DUE TO (c) Pneumonia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 97
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H500
22. I hereby certify that I attended the deceased from 7-4-49, 19, to 8-6-49, 19, that I last saw the deceased alive on 8-6-49, 19, and that death occurred at 7:35 A, from the causes and on the date stated above.			
23a. SIGNATURE Mary D. P. Subles, M.D.		23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 9-6-49
24a. BURIAL, CREMATION/REMOVAL (Specify) Burial		24b. DATE September 9, 1949	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri			
DATE REC'D BY LOCAL HEALTH DEPT. SEP 8 1949		REGISTRAR'S SIGNATURE J. B. Sabatero	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. A. Stock, 2117 E. Grand Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

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

1961 F. A. C. W.

mi

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 *Me*

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Guy W. Wilkinson*

Licensed Embalmer No. *3575*

P. O. Address *St Louis Mo.*

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.