

FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6926
24501

| | | | | | | | |
|--|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. NO. <u>1003</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u> | | c. LENGTH OF STAY (In this place) <u>ly. lin, 29d</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u> | | <u>2139</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Infirmary</u> | | | | d. STREET ADDRESS (If rural, give location) <u>5800 Arsenal St.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ada</u> b. (Middle) _____ c. (Last) <u>Drake</u> | | | 4. DATE OF DEATH (Month) <u>July</u> (Day) <u>31</u> (Year) <u>1951</u> | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>Colored</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | | 8. DATE OF BIRTH <u>about 1870</u> | |
| 9. AGE (In years last birthday) <u>80</u> | | IF UNDER 1 YEAR Months _____ | | IF UNDER 1 YEAR Days _____ | | IF UNDER 1 HR. Hours _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Tenn.</u> | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME <u>Jack Harold</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Lucy ? unknown</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Booker Drake</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME <u>City Infirmary Records, 5800 Arsenal</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Arteriosclerosis</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1950 Plus</u> |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | |
| | | 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>H570</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>March 2, 1950</u> , to <u>July 31, 1951</u> , that I last saw the deceased alive on <u>July 31, 1951</u> , and that death occurred at <u>8:13 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 22a. SIGNATURE <u>Palmer Prudence Bowles M.D.</u> | | | | 22b. ADDRESS | | 22c. DATE SIGNED | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>8-4-51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>AUG 3 1951</u> | | REGISTRAR'S SIGNATURE <u>J. B. [Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Sneed</u> | | ADDRESS <u>-3615 Easton</u> | |

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Leroy H. Panziste

Licensed Embalmer No. *4523*

P. O. Address *3880 Easton*

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.