

FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9767

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2356

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 9767		
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2259						
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 No. 9		d. STREET ADDRESS (If outside city location) 259 5 No. 9						
3. NAME OF DECEASED (Type or Print) JOHN T. DRAKE			4. DATE OF DEATH (Month) (Day) (Year) 2 23 52					
6. SEX Male	7. COLOR OR RACE White	8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) mtd	9. DATE OF BIRTH 1871-82 10-15	10. AGE (In years, not birthday) 80	11. UNDER 1 YEAR Months	12. UNDER 2 HRS. Days	13. UNDER 4 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) work		10b. KIND OF BUSINESS OR INDUSTRY work		11. BIRTHPLACE (State or foreign country) work 9		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME work		13b. MOTHER'S MAIDEN NAME work		14. NAME OF HUSBAND OR WIFE work				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year and of service) work		16. SOCIAL SECURITY NO. work		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J.O. Taylor 1300 Clark				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PULMONARY TUBERCULOSIS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. W.M.A.					INTERVAL BETWEEN ONSET AND 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 002X				
22. I hereby certify that I attended the deceased from 190 to 19, that I last saw the deceased alive on 19, and that death occurred at 1300 Clark, from the causes and on the date stated above.								
23a. SIGNATURE Regd Embalmer J. O. Taylor				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 3/1/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) In		24b. DATE 3-31-52		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. MAR 1 2 1952		REGISTRAR'S SIGNATURE Carl Smith Md		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service 4104 Manchester Ave				

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

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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 \_\_\_\_\_

*Students of Mortuary College*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *James H. Lammers*

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.