

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 19 1952

State File No. **10881**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3063		Registrar's No. 412	
1. PLACE OF DEATH a. COUNTY St. Louis				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) Clayton		c. LENGTH OF STAY (in this place) 24 hrs		c. CITY (If outside corporate limits, write RURAL and give township) Gardenville		4810	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Louis County Hospital				d. STREET ADDRESS (If rural, give location) 4656 Hanover			
3. NAME OF DECEASED (Type or Print) Lizzie		a. (First) _____		b. (Middle) MARY		c. (Last) Drewing	
4. DATE OF DEATH (Month) (Day) (Year) 2 14 52		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	
8. DATE OF BIRTH June 26, 1875		9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) St Louis Mo	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY At Home		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Conrad Martin	
13b. MOTHER'S MAIDEN NAME Margaret Zilch		14. NAME OF HUSBAND OR WIFE Sam Drewing		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 Sam Drewing		17. ADDRESS 4656 Hanover		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, ashenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion and myocardial infection							
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis - heart disease and Hypertensive Cardiac Dis.							
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4701							
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-13, 1952 , to 2-14, 1952 , that I last saw the deceased alive on 2-14, 1952 , and that death occurred at 7:03 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Salvatore J. Baggio M.D.				23b. ADDRESS 601 S Brentwood Clayton		23c. DATE SIGNED 2-14-52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 2/16/52		24c. NAME OF CEMETERY OR CREMATORY St Paul Chyd		24d. LOCATION (City, town, or county) (State) Sappington Mo	
DATE REC'D BY LOCAL REG. 2-15-52		REGISTRAR'S SIGNATURE Robert R. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE L Ziegenhein & Sons		ADDRESS 7027 Gravois	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *W. G. Peterson*

Signed.....
Student Embalmer

Licensed Embalmer No. *3037*

P. O. Address *7027 Gravois*

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.