

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32900

State File No. _____

SEP 25 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8304

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.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS. 2079	
d. FULL NAME OF HOSPITAL OR INSTITUTION DEPAUL HOSPITAL		d. STREET ADDRESS (If rural, give location) 5004 a DURANT AVE 0	
3. NAME OF DECEASED (Type or Print) a. (First) BERTHA b. (Middle) E. c. (Last) DRURY		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 1, 1952	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH JAN. 13, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 75 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) KELSO MISSOURI 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME CHARLES HEISSERER		13b. MOTHER'S MAIDEN NAME MAGDALENE ELLINGER	14. NAME OF HUSBAND OR WIFE AMOS DRURY
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 MAGDALENE DRURY 5004 a DURANT AVE
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 10. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>arterial sclerosis of heart vessels of neurosthenia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 11. 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 checked="" type="checkbox"/> NO <input 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? 3150
22. I hereby certify that I attended the deceased from 4-29, 1952, to 9-1-1952, that I last saw the deceased alive on 9-1-1952, and that death occurred at 11-A m., from the causes and on the date stated above.			
23a. SIGNATURE W H White 0 m A		23b. ADDRESS 4500 Olive St	23c. DATE SIGNED 9-2-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9/4/52	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.			
DATE REC'D BY LOCAL REG. SEP 3 1952		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - GARROLL 4600 NAT'L BRIDGE	

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

Albert Mayfield

Licensed Embalmer No.

31077

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.