

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **2722**
Registrar's No. **0936**

BIRTH NO. **FILED FEB 4 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY Missouri		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	
c. LENGTH OF STAY (In this place) 14 Yrs		d. STREET ADDRESS (If rural, give location) 5351 Delmar	
d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Annie b. (Middle) J. c. (Last) Drake			4. DATE OF DEATH (Month) (Day) (Year) 1-27-1954		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 8-18-1868	9. AGE (In years last birthday) 85	10. IF UNDER 1 YEAR 5 Months 9 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired practical nurse		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Orange County, Indiana	
				12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME William Thomas Swift		13b. MOTHER'S MAIDEN NAME Mary Eleanor Black		14. NAME OF HUSBAND OR WIFE Thomas R. Drake	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Paul Smith ADDRESS Masonic Home of Missouri, 5351 Delmar	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver		INTERVAL BETWEEN ONSET AND DEATH 3 Mo.	
		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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 1561	

22. I hereby certify that I attended the deceased from **4-17-**, 19 **40**, to **1-27-**, 19 **54**, that I last saw the deceased alive on **1-27-**, 19 **54**, and that death occurred at **11:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul Smith M.D.		23b. ADDRESS 508 N. Grand		23c. DATE SIGNED 1-28-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan 30, 1954		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	

DATE REC'D BY LOCAL REG. JAN 29 1954		REGISTRAR'S SIGNATURE Paul Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Shepard Funeral Home, 1167 Hamilton Ave ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

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 Elton S. Remelius

Licensed Embalmer No. 4283

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.