

FILED AUG 4 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23668**
5909BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY OR TOWN Missouri city | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital | | STREET ADDRESS (If rural, give location) 10321 Capitol Drive | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) JAMES | b. (Middle) M | c. (Last) DREW | 4. DATE OF DEATH (Month) (Day) (Year) July 8 - 1955 |
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|--------------------|-------------------------------|---|-------------------------------------|---|------------------------|------------------------|-----------------------|
| 5. SEX Male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower | 8. DATE OF BIRTH May 31 1877 | 9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 24 HRS. Min. |
|--------------------|-------------------------------|---|-------------------------------------|---|------------------------|------------------------|-----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk | 10b. KIND OF BUSINESS OR INDUSTRY Retired | 11. BIRTHPLACE (City and State or Foreign Country) Lawrence, Massachusetts | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME William Drew | 13b. MOTHER'S MAIDEN NAME Georgis Butler | 14. NAME OF HUSBAND OR WIFE Adelia Drew (Deceased) |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Unknown | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Andrew Lorenz | ADDRESS 10321 Capitol Drive |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHOPNEUMONIA | DUE TO (b) FOLLOWING OPERATION | | 6 days |
| ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | DUE TO (c) FOR CA OF RECTUM. | | 9 days |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Required reoperation on 4th P.O. day for emicization | | ? |

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| 19a. DATE OF OPERATION 7. 2. 55 | 19b. MAJOR FINDINGS OF OPERATION INOPERABLE CA OF RECTUM LOOP COLOSTOMY | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ST. LOUIS MO. |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 154X |
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22. I hereby certify that I attended the deceased from **7. 1**, 19**55**, to **7. 8**, 19**55**, that I last saw the deceased alive on **7. 8**, 19**55**, and that death occurred at **12:45** a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Kenneth D. Serkes M.D. | 23b. ADDRESS 216 S. Kingshighway | 23c. DATE SIGNED 7. 8. 55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE July 11, 1955 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri |
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| DATE REC'D BY LOCAL REG. JUL 8 1955 | REGISTRAR'S SIGNATURE J. Earl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc. | ADDRESS 2161 E. Fair Ave |
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S.D. (Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Clement M. Gray*

Licensed Embalmer No. *37*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (To comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.