

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030333

STATE FILE NUMBER

DECEASED AUG 28 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7859

300
1-57

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4812 Cote Brillante		Length of stay in lb 9069		d. STREET ADDRESS (If outside, give location) 4812 Cote Brillante	
3. NAME OF DECEASED (Type or print) First Middle Last EDDIE DRUMMOND			4. DATE OF DEATH Month Day Year 8 - 8 - 1958		
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 12, 1883	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days 8 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY Moss & Lownhaupt		11. BIRTHPLACE (City and state or country) Natchez, Miss.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Willie Drummond		13b. MOTHER'S MAIDEN NAME Celeste Davis	
14. NAME OF HUSBAND OR WIFE Martha Drummond		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. 489-09-9840	
17. INFORMANT Address Martha E. Drummond, 4812 Cote Brill		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the gall-bladder			
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.		DUE TO (b) _____		DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		1551		INTERVAL BETWEEN ONSET AND DEATH 8-months	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from April 25, 1958 to Aug. 8, 1958 and last saw him alive on Aug. 6, 1958 Death occurred at 5:25 pm m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Howey Walker, Jr., M.D.			22b. ADDRESS 462 N. Taylor Ave, St. Louis 8, Mo.		22c. DATE SIGNED Aug. 12, 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-15-58	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR Charles J. Gates		ADDRESS 4107 Finney		25. DATE RECD. BY LOCAL REG. AUG 13 '58	26. REGISTRAR'S SIGNATURE Carl Smith MO <i>462 mds</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. All diseases in Part II must be causally related. No symptoms will be listed.

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 Charles J. Galles
Licensed Embalmer No. 1825
P. O. Address 4107 Finney Avenue

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.