

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

11144

1. PLACE OF DEATH

County.....

Registration District No. 781

Township.....

Primary Registration District No. 102

City St. Louis mo. (No.)

File No. 2186

Registered No.

2. FULL NAME

James Louise Drapel
(a) Residence, No. 425 Pennsylvania Ave Ward. 19
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE MARRIED WIDOWED OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29-1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 8. 7. 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis mo.

13. NAME Robert S Drapel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

15. MAIDEN NAME Emma Herder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Irvesville Ky

17. INFORMANT (ADDRESS) Robert S Drapel

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St. Louis mo. 3-17-33

19. UNDERTAKER (ADDRESS) Robert S Drapel

20. FILED MAR - 5 1933

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 5 1933

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1932, to Mar 5, 1933

I last saw him alive on Mar 5, 1933. Death is said

to have occurred on the date stated above, at 3 4 m.

The principal cause of death and related causes of importance were as follows:

Congenital Heart Disease Date of onset 6-29-32

157 C
107 H 5 of H

Other contributory causes of importance:

Pneumo-pneumonia 3-1-33

Name of operation no Date of

What test confirmed diagnosis? Physic's history Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James S. Drapel M. D.

(Address) 1206 Missouri

Registrar.

