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 OCCUPATIONS is very important.

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

Do not use this space.

41446

File No. .....

Registered No. 10448

1. PLACE OF DEATH

County ..... Registration District No. 781

Township ..... Primary Registration District No. 108

City St Louis (No. City Hospital ..... St. ..... Ward)

2. FULL NAME Fred Draper

(a) Residence, No. 2331 Montgomery St. Ward. 20
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26 1885

7. AGE YEARS 48 MONTHS 7 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Illinois

FATHER

13. NAME Frank Draper

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

MOTHER

15. MAIDEN NAME Margaret Shie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Wife Jos McKeyt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

PLACE Greenville Ills. DATE Dec 6, 1933

19. UNDERTAKER (ADDRESS) Hy Leidner Und. Co. 1010 N. Sy Barket St.

20. FILED DEC -5 1933, 19 J. H. Broeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-3, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-31, 1933, to 12-3, 1933.

I last saw h. alive on 12-3, 1933. Death is said to have occurred on the date stated above, at 5:33 p.m.

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

	Date of onset
Bronchial Pneumonia	12-1-33
Metastic Sclerosis	10-31-33
S/B	
107A	

Other contributory causes of importance .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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 ....., 19.....

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? .....

If so, specify .....

(Signed) Arthur A. Hines, M. D.

(Address) City Hosp