

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.

JUN 26 1934

Shipping Permit on these remains issued by No. 17957
 Unfortunate Wm. C. Clayton Rd. Clayton
 without consulting Registrar of Webster County Mo. 17957
 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County St. Louis Registration District No. 788 File No. _____
 Township Central Primary Registration District No. 4471 Registered No. 48
 City Webster Groves, (No. 758 Chamberlain av., St. _____ Ward _____)

2. FULL NAME Elizabeth Drago,
 (a) Residence, No. _____ St. _____ Ward _____
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1863-4-12

7. AGE YEARS 71 MONTHS - DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Newcastle, Ind. (STATE OR COUNTRY)

13. NAME Hy. Heintz,

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

15. MAIDEN NAME Catherine Frederick,

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

17. INFORMANT Wm. G. Drago (ADDRESS) 758 Chamberlain av.

18. BURIAL, CREMATION, OR REMOVAL PLACE Seymour, Ind. DATE 5/2/34 19 _____

19. UNDERTAKER Robert J. ... (ADDRESS) Clayton Road at Concordia Lane.

20. FILED 5-2- 1934 Jules R. York Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1st, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 1st, 1934, to May 1st, 1934

I last saw her alive on May 1st, 1934 Death is said to have occurred on the date stated above, at 8:10 P.M.

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

Cerebral Hemorrhage
Diabetes

Other contributory causes of importance: 59
336 59

Name of operation none Date of _____
 What test confirmed diagnosis? _____ 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) W. Alphonso Smith, M. D.
 (Address) 111 West Lockwood av.

Dr 916
111 91 Lockwood