

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

Do not use this space.

3869

MAR 7 1935

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
 Township Carondelet Primary Registration District No. 6248B
 City Jefferson Barracks (No. Veterans' Hospital) St. _____ Ward _____

File No. _____

Registered No. ~~12~~ 12

2. FULL NAME

(a) Residence, No. Benjamin Franklin St. _____ Ward. Perryville Mo
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth 1 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 17 - 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
41 9 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Practice
 10. Date deceased last worked at this occupation (month and year) Oct. 31 - 34 11. Total time (years) spent in this occupation 18 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryville Mo.

MOTHER 13. NAME Robert J. Drapp

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

15. MAIDEN NAME Julia Hiest

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

17. INFORMANT (ADDRESS) Dr. E. H. Johnson

18. BURIAL, CREMATION, OR REMOVAL PLACE Perryville Mo DATE 1-8-35 19

19. UNDERTAKER (ADDRESS) Albert H. Happe Inc
429 N. Euclid Ave.

20. FILED Jan 7 1935 G. Mowery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6 - 1935

22. I HEREBY CERTIFY That I attended deceased from Nov. 1 1934, to Jan. 6 1935

I last saw him alive on Jan. 6 1935. Death is said

to have occurred on the date stated above, at 5:30 p.m.

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

Thyrototoxicosis Date of onset 1930
666

Other contributory causes of importance:
Myocarditis
Auricular fibrillation

Name of operation Thyroidectomy Date of Jan. 4-35

What test confirmed diagnosis Lab. Report 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? No

If so, specify _____ (Signed) Dr. W. A. Hayward M. D.

(Address) U.S. State Building
Jefferson Barracks
Mo.

I. 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.

