

DEC 3 1936

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

Do not use this space.

42556

File No. 11062

Registered No. _____
St. _____ Ward)

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis,** (No. **City Hospital # 1**)2. FULL NAME **Elizabeth C. Drexelius**(a) Residence, No. **3854 Hartford St.** St. **16** 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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 1, 1906**7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 -- 2OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Clerk**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Public Service Co.**
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation. **11 yrs.**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**FATHER
13. NAME **Ben. Drexelius**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ills.**MOTHER
15. MAIDEN NAME **Anastasia Depke**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany.**17. INFORMANT **Anna Drexelius**
(ADDRESS) **3854 Hartford St.**18. BURIAL, CREMATION, OR REMOVAL **SS. Peter & Paul Cem. DATE Nov. 7, 1936.**19. UNDERTAKER **J. H. Gebken & Co.**
(ADDRESS) **2842 Meramec St.**20. FILE NO. **NOV 5 1936** **J. T. Biebeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 3, 1936**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said

to have occurred on the date stated above, at **11:00 P.** m.

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

Date of onset

**Fracture of skull
laceration of brain received
when struck by auto in
St. Louis, Mo.**

Other contributory causes of importance:

**Deceased was a pedestrian.
Accident**

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

What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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

Accident, suicide, or homicide? **Accid.** Date of injury **11/3, 1936.**Where did injury occur? **St. Louis, Mo.**
(Specify city or town, county, and State)

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

Manner of injury **In Public Place**Nature of injury **struck by auto****Fracture of skull**

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) **John J. Sweeney, M.D.**(Address) **Deputy Registrar**

