

JAN 10 1938

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

43024
Do not use this space.

1. PLACE OF DEATH 623 Holly St.
(a) County Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City St. Louis (d) Street No. 623 Holly Street. Registered No. 11274
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hattie Drake.
(a) Residence, No. 623 Holly Street St. 9
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14 - 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 11 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss. v

FATHER 13. NAME John Redmond

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss v

MOTHER 15. MAIDEN NAME C. Laurie Walker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala v

17. INFORMANT (ADDRESS) C. Laurie Wade Worth 406 & 50. 7th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE Dec 10 1937

19. FUNERAL DIRECTOR (ADDRESS) J. M. O'Han 315 35 17 Locle da ave
J. Bredeck

20. FILED DEC 7 1937 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 3, 1937

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 9:55 P.M.
The principal cause of death and related causes of importance were as follows:

Ruptured aneurysm of descending aorta
Other contributory causes of importance: M

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? 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) W. H. Perry M.D.
(Address) Deputy Coroner

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.

1-212004

STATEMENT BY LICENSED EMBALMER

I, R. M. C. Green Licensed Embalmer No. 7173

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me, at 3517

Laclede ave 12/5/37

No. _____ or by _____ Registered Apprentice No. ~~7173~~

working under my personal supervision.

Signed R. M. C. Green

Licensed Embalmer No. 1173

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)