

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

FEB 12 1938

438
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791 4**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **4974² Delmar Blvd.** Registered No. **294**
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred **27** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Virginia Ann Drumm **1650**
(a) Residence, No. **4974² Delmar Blvd** St. **12**
(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 **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) **12/4/1910**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 **1** **3**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Clerk**
9. Industry or business in which work was done, as 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) **St. Louis Mo**

FATHER 13. NAME **James J Drumm**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo**

MOTHER 15. MAIDEN NAME **Anna Armbruster**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo**

17. INFORMANT **Mrs Augusta Pfennig**
(ADDRESS) **4974 Delmar Blvd.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Zion Cemt** DATE **1/10/38**

19. FUNERAL DIRECTOR **Harrigan & Sheahan Und C**
(ADDRESS) **4415 Washington Blvd**

20. FILED **JAN 10 1938**
J. Bredeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/7/38** 19 **38**

22. I HEREBY CERTIFY That I attended deceased from **Dec 31** 19 **37** to **Jan 7** 19 **38**

I last saw him alive on **Jan 7** 19 **38**. Death is said to have occurred on the date stated above, at **5:00 PM**

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

Lobar Pneumonia (Rt)

Date of onset **1/1/38**

Other contributory causes of importance:

L. A. Grippes

12/31/37

Name of operation Date of
What test confirmed diagnosis **Physioid** Was there an autopsy?

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) **Erasmus K. Kopper**
(Address) **4974 Delmar Blvd** M. D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. If necessary, supply AGE should be stated EXACTLY. PHYSICIANS should state

Dr. C. J. To-be-ler
49688 Del. man.

STATEMENT BY LICENSED EMBALMER

I, Albert G Hoppe, Licensed Embalmer No. 2961

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Albert G Hoppe

Licensed Embalmer No. 2961

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