

FEB 16 1938

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

4024  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96  
(b) Township Clayton Primary Registration District No. \_\_\_\_\_  
(c) City Clayton (d) Street No. St. Louis County Hospital Registered No. 97  
(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 Julia Drone 650

(a) Residence, No. 2750 Walton Rd. Overland, Mo. (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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-4-1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
49 3 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife  
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) Ill.

FATHER 13. NAME Edward Foster

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

MOTHER 15. MAIDEN NAME Mary Lamb

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

17. INFORMANT (ADDRESS) Husband

18. BURIAL, CREMATION, OR REMOVAL PLACE Walway DATE 11/17/38

19. FUNERAL DIRECTOR (ADDRESS) Huller + Kelly 1416 N. Taylor ave.

20. FILED 1-17-38 THEODORE F. MAYER, M. D., D. P. H. Deputy State Commissioner of Health

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13-38 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-30-37 1937 to 1-13-38 1938. I last saw her alive on 1-13-38 1938. 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:  
Carcinoma of breast (left)  
Metastases to bones of pelvis

Date of onset unk.  
Sept. '36

Other contributory causes of importance: Secondary anemia 50 unk

Name of operation \_\_\_\_\_ 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) R. A. Neustbaum M. D.

(Address) St. Louis County Hospital

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.

96  
23

STATEMENT BY LICENSED EMBALMER

I, Sherman M. Peary Licensed Embalmer No. 3732

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Sherman M. Peary

Licensed Embalmer No. 3732

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.)