

UL 28 1938

REC'D AUG 9 1938

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

26445
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis
(b) Township Clayton
(c) City Clayton
(d) Street No. St. Louis Co. Hospital
(e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 1275

2. PRINT FULL NAME

Florence Raguee Drick

(a) Residence, No. 300 St. Valley Park, 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15-1936
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 8 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation None

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

FATHER 13. NAME Archie Drick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Synn creek Mo.

MOTHER 15. MAIDEN NAME Coldie Thomson

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

17. INFORMANT (ADDRESS) Archie Drick Valley Park, Mo.

18. BURIAL, CREMATION, OR REMOVAL City Cemetery
PLACE Valley Park, Mo. DATE July 29-1938

19. FUNERAL DIRECTOR (ADDRESS) Schrader Funeral Home Ballwin, Mo.

20. FILED 28 1938 19 M. Meyer M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27-1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____, 19____.

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

Accidental burn (scald) of the body.

Other contributory causes of importance:
151
15

Name of operation _____ Date of _____
What test confirmed diagnosis? physical signs Were an autopsy? yes.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7/25/38, 19____
Where did injury occur? Valley Park, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Home
Nature of injury Scalded with boiling water during cooking.

24. Was disease or injury in any degree so contagious that it should be reported?
If so, specify no
(Signed) John O. Connelley M. D.
Coroner of St. Louis County, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, Theo. Schrader, Licensed Embalmer No. 3066

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

L. E. Theo. Schrader

No. 3066 or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed Theo. Schrader

Licensed Embalmer No. 3066

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.)