

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26872
Do not use this space.

REC'D SEP 12 1938

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **City Hospital No. 1** St. **o. l.**
 (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.

D. 5791
2. PRINT FULL NAME

Joseph Drakeford
 (a) Residence, No. **6636 Clayton** St. **4** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 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 **Alta Drakeford**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 31, 1871**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 **11** **1**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **nil**
 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) **South Carolina**

FATHER 13. NAME **Joseph Drakeford**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **South Carolina**

MOTHER 15. MAIDEN NAME **Laura Haile**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **South Carolina**

17. INFORMANT (ADDRESS) **Hosp. Info M. Kent**

18. BURIAL, CREMATION OR REMOVAL PLACE **Park Lawn** DATE **8/4** 1938

19. FUNERAL DIRECTOR (ADDRESS) **Robert J. Anselm**
6633 Clayton Rd

20. FILE **AUG 3 1938** **J. D. Buehler** (Licensed Embalmer)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8/2/38** 19

22. I HEREBY CERTIFY, That I attended deceased from **7/25/38** to **8/2/38** 19

I last saw h. **him** live on **8/2/38** 19. Death is said to have occurred on the date stated above, at **8.20 a.**
 The principal cause of death and related causes of importance were as follows:

Primary tuberculosis

J. B.

Other contributory causes of importance

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? **1**
 If so, specify
 (Signed) **H. P. Rib** M. D.
 (Address) **City Hospital No. 1**

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, Edward F. Beckhorst, Licensed Embalmer No. 2502

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Edward F. Beckhorst

Licensed Embalmer No. 2502

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.)