

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.

DEC 12 1938

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

37655
Do not use this space.
9982

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1008
(c) City Saint Louis, Mo. (d) Street No. Saint Louis Maternity Hospital St.
(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 Drake, Infant Boy

(a) Residence, No. 1442 North 22nd Street St. 21
(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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 6, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
Stillborn

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. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

FATHER 13. NAME Drake, Eddie James

14. BIRTHPLACE (CITY OR TOWN) Winona, Miss. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Redmond, Mary

16. BIRTHPLACE (CITY OR TOWN) Lexington, Miss. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) E. J. Drake 1442 N. 22nd St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wash. Univ. DATE 11-19-38

19. FUNERAL DIRECTOR (ADDRESS) Dept. Pathology Wash. Univ.

20. FILED NOV 19 1938 J. Brebeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-6 1938

22. I HEREBY CERTIFY, That I attended deceased from

....., 19..... to, 19.....

I last saw h.i.m. ^{dead} ~~alive~~ on Nov. 6, 1938. Death is said

to have occurred on the date stated above, at 5:40 A.M.

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

Stillborn - 40 wks gestation

Other contributory causes of importance:

pre-eclampsia in mother

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? 403

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) Edward A. Seiber, M. D.

(Address) St. Louis Maternity Hosp.

2866

2866

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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.....

Licensed Embalmer No.....

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.)