

MAY 15 1940 791  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
HOMER G. PHILLIPS HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 21  
(If outside city or town limits write "RURAL")  
(d) Street No. 2926 Lucas Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Melvin Drake 620  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Mar day 28<sup>th</sup>  
year 1940 hour 9:55 minute A. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: 9 1 1919  
(Month) (Day) (Year)

Immediate cause of death Subarachnoid Hemorrhage + laceration of brain suffered by fall from roof to duct ground below about 9:00 P.M. March 26, 1940, when deceased due to fell while urinating at 620 No. Lucas Ave.

8. AGE: Years Months Days If less than one day  
20 6 27 hr. min.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Accident  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Janitor

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name John Drake  
13. Birthplace McKenzie Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Mildred Turner  
15. Birthplace Webster Groves Missouri  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence Mar 26 1940  
(c) Where did injury occur? St. Louis Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In Public Place  
(Specify type of place)  
While at work? \_\_\_\_\_ Means of Injury \_\_\_\_\_

16. (a) Informant John Drake  
(b) Address 2926 Lucas Ave  
17. (a) Burial (b) Date thereof 4/2/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenwood Cemetery  
18. (a) Signature of funeral director Bennie Love  
(b) Address 3103 Washington Ave  
19. (a) APR 1 1940 (b) J. F. Bredt  
(Date received local registrar) (Registrar's signature)

28. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address [Address] Date signed 4-1-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Arthur L. Hilliard

Licensed Embalmer No. 3389

P. O. Address 3028 Dickson St

**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.)**

**If this body is not embalmed, above space should be left blank.**