V. S. No. 2
M—11-10-39
Rev. 5-1[illegible]
FILED JUN 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16503

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3981

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

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS 5
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1116 CHAMBERS. ST.
(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 26
(If outside city or town limits write "RURAL")

(d) Street No. 1116 CHAMBERS. ST.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JAMES. M. DRAKE.

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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 OCTOBER (Month) 27 (Day) 1873 (Year)

8. AGE: Years 66 Months 6 Days 5 If less than one day hr. min.

9. Birthplace WACO (City, town, or county) TEXAS. 1 (State or foreign country)

10. Usual occupation OWNER

11. Industry or business MOVING PICTURE STUDIO. 9

FATHER
12. Name UNK. DRAKE. 9
13. Birthplace ? (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name ? unknown ?
15. Birthplace ? (City, town, or county) unknown (State or foreign country)

16. (a) Informant Emil C. DeGrant.
(b) Address 1116 Chambers St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY (Month) 4 (Day) 1940 (Year)
(c) Place: burial or cremation WACO. TEXAS.

18. (a) Signature of funeral director E. J. Schnur.
(b) Address 3125 Lafayette av.

19. (a) MAY 3 1940 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 2
year 1940 hour 5 minute 15 p.M.

21. I hereby certify that I attended the deceased from March, 1940, to April 24, 1940;
that I last saw him alive on April 24, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of rt. Lung.	unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

23. Signature Foster A. Dill (M. D. or other) MD
Address 7346 a Manchester Date signed 5/3/40

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Wollner

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette ave

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.