No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36297 0

State File No.

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 2000

1. PLACE OF DEATH:
(a) County Saint Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township) 3
(c) Name of hospital or institution: Saint Louis County Hospital
(If not in hospital or institution, write street number or location) dead on arrival
(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 St. Louis.
(c) City or town University City
(If outside city or town limits, write "RURAL") 0
(d) Street No. 7002 Pershing
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME GEORGE DRUMGOOLE 488-09-5548

3. (b) If veteran, name war unknown

3. (c) Social Security No. 488-09-5548

4. Sex male

5. Color or race Col.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased / (Month) (Day) (Year)

8. AGE: Years 60 Months ? Days ? If less than one day hr. min.

9. Birthplace unknown (City, town, or county) unknown (State or foreign country) 9

10. Usual occupation janitor 9

11. Industry or business Apartment house 1

MOTHER FATHER

12. Name unknown 9

13. Birthplace unknown (City, town, or county) unknown (State or foreign country) 1

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mr Pelligreen
(b) Address 7002 Pershing

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/25/40 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Bros. Funeral Home
(b) Address 5704 Finney Ave. St. Louis

19. (a) OCT 22 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
year 1940 hour 7 minute 30A M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...;
that I last saw h... alive on ....., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Coronary occlusion	1 day
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?
While at work? yes (Specify type of place) (e) Means of injury

23. Signature John J. Connell (M. D. or other)
Address Coronar St. Louis Co. Date signed 10/23/40

(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:.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.