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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

State File No. 43777 0

FILED JAN 8 1941

Registration District No. 184 Primary Registration District No. 101 Registrar's No. 24 K 0

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Clayton Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Hos
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 3 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis
(c) City or town Kirkwood (If outside city or town limits, write "RURAL")
(d) Street No. 305 Rose Hill (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Otto Drayton

3. (b) If veteran, name war ..... 3. (c) Social Security No. 492-03-5472

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alma Drayton 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Mar (Month) 11 (Day) 1917 (Year)

8. AGE: Years 23 Months 9 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Franklin Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Brick Yard

FATHER
12. Name Richard Drayton
13. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mae Rusan
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Alma Drayton
(b) Address 305 Rose Hill

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof 12-29-40 (Month) (Day) (Year)
(c) Place: burial or cremation Music Mo

18. (a) Signature of funeral director A Russell Mel
(b) Address 2732 Pine

19. (a) DEC 24 1940 (Date received local registrar) (b) T R Mayer M D D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23rd year 1940 hour 2:00 minute P 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 Auto accident-auto in which he was riding as a passenger struck by Kirkwood-Ferguson street car	12/17/40
Due to Basal fracture of the skull Intracranial hemorrhage	
Due to	
Other conditions (Include pregnancy within 3 months of death) 208 M	
Major findings: Of operations 24	
Of autopsy frac. of skull & intra-cranial hemorrhage	

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) Accident
(b) Date of occurrence Dec. 17, 1940
(c) Where did injury occur? Brentwood, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? No. (e) Means of injury Accident

23. Signature Louis H Bopp Corner (M. D. or other)
Address Kirkwood, Mo. 12/24/40 Date signed

(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. Joel Russell

Licensed Embalmer No. 4/12

P. O. Address.....

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

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