

Registration District No. 151

Primary Registration District No. 100

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 St. Louis Children's Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
Specify whether _____
In this community _____
years, months or days

3. (a) PRINT FULL NAME Robert Franklin Drum

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M 5. Color or race wh 6. (a) Single, widowed, married, divorced 50
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 5 19 89
(Month) (Day) (Year)

8. AGE: Years ✓ Months 5 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Cape Girardeau, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER
12. Name Raymond M. Drum
13. Birthplace Jackson, Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary Caldwell
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant D. Drumming

(b) Address 500 S. Kingshighway

17. (a) Burial (b) Date thereof 10-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Advanced, Mo.

18. (a) Signature of funeral director Robert H. Stoppel

(b) Address 1700 Washington Ave

19. (a) OCT 29 1941 (b) J. J. Bredenk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard
(c) City or town Advance 103
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) NR
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27
year 41 hour 1 minute _____ P. M.

21. I hereby certify that I attended the deceased from 10-16
1941, to 10-27 1941
that I last saw him alive on 10-27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Infarction Duration _____
Supraventricular

Due to _____

Due to 36

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations 16
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? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. J. Bredenk (M. Decease) _____
Address 500 S. Kingshighway Date signed _____

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

Guy W Wilkinson

Licensed Embalmer No.....

3575

P. O. Address.....

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, fact should be so stated above.