V. S. No. 2
DM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16100

FILED JUN 10 1942 791

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 4537

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

1. PLACE OF DEATH:

(a) County .....

(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Lukes Hospital 0
(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: 64

(a) State Missouri (b) County Marion 3

(c) City or town Hannibal N.R. 4
(If outside city or town limits, write "RURAL")

(d) Street No. 521A Church St.
(If rural, give location) 1

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Emma Draudt

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife John Draudt

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

7. Birth date of deceased Aug (Month) 28 (Day) 1886 (Year)

8. AGE: Years 55 Months 8 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace Hannibal (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Gottlieb Digel
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Willhelmine Schonbacher
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant John Draudt
(b) Address 521 A. Church Hannibal Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-26-42 (Month) (Day) (Year)
(c) Place: burial or cremation Hannibal Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington

19. (a) MAY 25 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1942 hour 4 minute 15 A M.

21. I hereby certify that I attended the deceased from May 14, 1942 to May 24, 1942
that I last saw her alive on May 23, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes mellitus	16 yrs
Lobar Pneumonia	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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 Walter Baumgarten (M. D. ~~or other~~)
Address 3720 Washington Ave. Date signed May 25 1942

(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 Albert L. Stoppe

Licensed Embalmer No. 2171

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.