V. S. No. 2
50M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 15 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18955

Registration District No. 784 Primary Registration District No. 109 Registrar's No. 1252

96
5
3

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Maplewood Nursing Home 4
(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 96
(c) City or town St. Louis 3
(If outside city or town limits, write "RURAL") 5
(d) Street No. 3835 Dunnica
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Nicholas Drui

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

4. Sex M D
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. 11, 1866 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	8	24	hr. min.

9. Birthplace (City, town, or county) France 5 (State or foreign country)
10. Usual occupation Foreman in coal mine
11. Industry or business

FATHER
12. Name John Drui
13. Birthplace (City, town, or county) France 5 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Albert Drui
(b) Address 7029 Berthold
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-7-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Worden, Illinois
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester
19. (a) JUN 6 - 1942 (Date received local registrar) (b) C. G. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1942 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from September 15, 1941, to June 5, 1942
that I last saw him alive on June 5, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremic Poisoning	10 da.
Due to Lobar Pneumonia	6 da.
Due to	
Other conditions Paralysis agitans (Include pregnancy within 3 months of death)	Several years

Major findings:
Of operations
Of autopsy 108

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 2

23. Signature Ellsworth B Whitmer (M. D. or other) DO
Address 5 N. Gore ave Webster Groves Mo Date signed 6/6/42

(Licensed Embalmer's Statement on Reverse Side)

JUL 8 - 1963

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.....H C Burgess.....

Licensed Embalmer No.....4029.....

P. O. Address.....Maplewood.....

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.