

No. 2
-1-4-41
-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22724

FILED AUG 6 1942
Registration District No. 791

Primary Registration District No. 1003

State File No. _____
Registrar's No. 6320

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4953 Highland ave /
(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 Mo. (b) County COO
(c) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL") 617
(d) Street No. 4953 Highland ave 8
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARGARET E. DRURY
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex F / 5. Color or race W / 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Drury 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased July 27 1896
(Month) (Day) (Year)

8. AGE: Years 45 Months 11 Days 28
If less than one day _____ hr. _____ min.

9. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Patrick Ford
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Callahan
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant John Ford
(b) Address 4953 Highland ave

17. (a) Burial (b) Date thereof 7/28/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary cem

18. (a) Signature of funeral director Sullivan Bro's
(b) Address 2849 N. Euclid ave

19. (a) 111 27 1942 J. F. Buedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1942 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from June
1942 to July 25 1942
that I last saw her alive on July 25 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Regurgitation
Due to _____

Due to Pneumonia
(Terminal)

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

Major findings: Of operations VI
Of autopsy _____

Duration _____
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 0
23. Signature A. H. Sewing (M. D. or other) M.D.
Address 2342 Ashland Ave. Date signed 7/25/42

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

*A. A. H. Downing
2349th St. Louis Mo*

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 Mayfield*
Licensed Embalmer No. *3077*
P. O. Address *St. Louis Mo.*

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.