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v. 5-17-39
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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

25802

State File No.

FILED SEP 1 1942 791

Registration District No.

Primary Registration District No. 1003

Registrar's No. 6913

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. Lukes Hospital
(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: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 917
(If outside city or town limits, write "RURAL")

(d) Street No. 1819 S. Newstead Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Infant Drury

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. 13, 1942
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 1 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation nil

11. Industry or business

FATHER
12. Name Vernon Drury
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Martha Hunter
15. Birthplace Paola (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Vernon Leslie Drury
(b) Address 1819 Newstead Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 17/42 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director WeickBros.
(b) Address 2201 S. Grand Bl.

19. (a) AUG 1 - (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14
year 1942 hour 9 00 PM minute 30 P.M.

21. I hereby certify that I attended the deceased from August 13, 1942 to August 14, 1942
that I last saw him alive on August 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
PREMATURITY
- PREGNANCY ABOUT 6½ MTHS
~~Due to~~ COMCOMITANT ATELECTASIS
CONTRIBUTING FACTOR OF DEATH

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 William F. McGinnis M.D. (M.D. or other)
Address St. Lukes Hospital Date signed 8-16-42

(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.....

NOT EMBALMED ....., Registered Apprentice No.....,

working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3022

P. O. Address 412 Duchouquette

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.