

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No.

Registrar's No.

1850

Registration District No.

Primary Registration District No.

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

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:
Mo. Baptist 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:

(a) State..... Mo. (b) County St. Louis
(c) City or town. Pevely
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME George A Drinen

3. (b) If veteran, name war..... 3. (c) Social Security No. none

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife America Drinen 6. (c) Age of husband or wife if alive. 71 years

7. Birth date of deceased Sept 20 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 5 2 hr. min.

9. Birthplace. Jefferson County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER
{ 12. Name Drew Driner
{ 13. Birthplace Jefferson County Mo.
(City, town, or county) (State or foreign country)
{ 14. Maiden name Sandra Stevens
{ 15. Birthplace Jefferson County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ada Zumolt
(b) Address Marseilles, Illinois
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 2/23/43
(Month) (Day) (Year)
(c) Place: burial or cremation Sandy, Mo.

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

19. (a) FEB 24 1943 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22
year 1943 hour 9 minute 40 a.m.

21. I hereby certify that I attended the deceased from Dec 23/42
to Feb 22 1943
that I last saw him alive on Feb 22 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. Arteriosclerosis Duration 1 year

Due to.....
Due to.....

Other conditions. Cystitis, Catarrhal 3 month
(Include pregnancy within 3 months of death)

Major findings: Of operations.....
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) (c) Means of injury.....
23. Signature J. E. Stenn (M. D. or other)
Address 958 Arcade Bldg Date signed 2/24/43

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 G. Hopper*

Licensed Embalmer No. *2971*

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.