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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
1747
Registrar's No. _____

FILED MAR 2 1943
Registration District No. 18

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town ST. LOUIS
(c) Name of hospital or institution: 5961 HOTUS 3
(d) Length of stay: In hospital or institution. 9 (Specify whether years, months or days) Em. Route City Mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State ILLINOIS (b) County ST. CLAIR
(c) City or town BELLEVILLE
(d) Street No. 701 S. HIGH
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: Blindness Physician

3. (a) PRINT FULL NAME GEORGE J. DRYSDALE
(b) If veteran. — (c) Social Security No. 328-03-2361
name war. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month FEB day 22 year 1943 hour 8 minute 00 P. M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ELEANORA DRYSDALE 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased AUG 23 - 1886 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death. _____

8. AGE: Years Months Days If less than one day
56 5 29 hr. min.

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

9. Birthplace PRATT CITY ALA. (City, town or county) (State or foreign country)
10. Usual occupation MINER
11. Industry or business COAL MINE
12. Name GEORGE DRYSDALE
13. Birthplace PRATT CITY ALA. (City, town or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Lucille Walsh
(b) Address 5961 Tetra, N. Louis Mo.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 2-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation Belleville, Ill.
18. (a) Signature of funeral director J. J. Prisch
(b) Address Belleville, Ill.
19. (a) FEB 23 1943 (Date received local registrar) (b) J. J. Prisch (Registrar's signature)

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) Means of injury _____
23. Signature Thomas J. Callahan (M. D. or other) _____
Address Deputy Coroner Date signed 2-20/43

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.

Body not embalmed
John Gallinger

Signed.....

Licensed Embalmer No.....

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.