

FILED MAR 11 1943
Registration District No. _____

Primary Registration District No. 117

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 10 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")

(d) Street No. 735 Busch Terrace
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gladys Firth Drake

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Edwin V. Drake

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Dec. 17 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>49</u>	<u>1</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace Green Valley Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

MOTHER FATHER {

12. Name George Firth

13. Birthplace ? Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Spaits

15. Birthplace Manito Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Sam V. Drake

(b) Address 735 Busch Terrace

17. (a) ~~XXXXX~~ Removal (b) Date thereof 2/17/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation G. Lincoln Illinois

18. (a) Signature of funeral director MILITELBERG FUNERAL HOME, INC.
(b) Address WEBSTER GROVES, MO.

19. (a) FEB 16 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14
year 1943 hour 9 minute 25 p. M.

21. I hereby certify that I attended the deceased from Mon. 1938 to Feb. 14 1943

that I last saw him _____ alive on _____ 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocardial infarction

Due to _____

Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

Duration

20 yrs.

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? _____

23. Signature [Signature] (M. D. or other) _____
While at work? _____ (Specify type of place) (e) Means of injury _____
Address 55 W. Big Bend Bl. Date signed _____

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

DEC 13 1948

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.....

J. W. Wilkins

Licensed Embalmer No.....

3575

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.