S. No. 2
M—1-4-41
ev. 5-17-39
X26390

FILED JUL 10 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21688

Registration District No. 160 Primary Registration District No. 4250 Registrar's No. 34

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

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Pevely (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 42 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(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? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary B. Drinen

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John N. Drinen

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased September (Month) 18 (Day) 1880 (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	8	10	hr. min.

9. Birthplace Bonne Terre (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charles Mesplay
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Kathryn Freudo
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant John N. Drinen

(b) Address Pevely Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-30-43 (Month) (Day) (Year)

(c) Place: burial or cremation Pevely Mo Lutheran Cem

18. (a) Signature of funeral director H. S. Vinyard

(b) Address Festus Mo.

19. (a) 6-4-43 (Date received local registrar) (b) H. R. C. Weiss (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1943 hour 4 minute 00 P M.

21. I hereby certify that I attended the deceased from Sept 1942, 19__, to May 28, 1943 that I last saw him alive on May 27, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum & bowels

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Duration 6 months

Major findings: Of operations no

Of autopsy no

46d

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

23. Signature D. T. Kennedy (M. D. or other)

Address Herculaneum Mo Date signed May 30 43

1263 (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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....3010.....

P. O. Address.....Festus 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.