

FILED JAN 3 1944 318

Registration District No. 318 Primary Registration District No. 1003

61
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home St. Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution within 24 hrs
(Specify whether)

In this community Will Drew
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 1804 1/2 Duane
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Will Drew

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5
year 1943 hour 11 minute 15 P.M.

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

4. Sex male 5. Color of hair Black

6. (a) Single 1 widowed, married married
divorced _____

6. (b) Name of husband or wife Victoria Drew

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

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

Immediate cause of death: Coronary sclerosis
arteriosclerosis

Duration _____

Due to _____

Due to _____

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

8. AGE: Years 63 Months _____ Days _____
If less than one day _____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER {

12. Name Victoria

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

14. Maiden name Victoria

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

22. If death was due to external causes, fill in the following:

(g) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(2) Where did injury occur? _____
(City or town) (County) (State)

(a) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury 3

23. Signature W. F. Bruleck (Dr. or other) _____
Address 2629 Cole Street Date signed 12/7/43

16. (a) Informant James J. Stearns

(b) Address 1309 Clark

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Dennis G. Sloan
(City, town, or county)

(b) Address 2629 Cole Street

19. (a) DEC 22 1943 (b) J. F. Bruleck
(Date received local registrar) (Registrar's signature)

Reclaimed from Antoinette Brown on Reverse Side 12-21-43

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.....

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.