

FILED DEC 16 1943

Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ballwin
(c) Name of hospital or institution: Pine Crest Homes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mon. 2 days
In this community 3 mon. 2 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Viola E. Drake

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Thomas Drake 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased June 30, 1853
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	90	5	14	hr. min.

9. Birthplace Soe City, Iowa No
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name Robert Browning

13. Birthplace Kentucky No
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Treida

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

16. (a) Informant Pine Crest Home
(b) Address Ballwin, Mo.

17. (a) Burial (b) Date thereof 12-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Louis H. Hoff
(b) Address Riverswood, Mo.

19. (a) DEC 16 1943 (b) E. S. McDevaney, M.D.
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Brentwood
(If outside city or town limits, write "RURAL")
(d) Street No. 8920 Bridgeport
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14
year 1943 hour 6:37 minute A M.

21. I hereby certify that I attended the deceased from Sept 12th 1943 to December 14 1943; that I last saw her alive on December 13th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

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

Major findings:
Of operations _____
Of autopsy 938

Duration _____
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)
(e) Means of injury _____

23. Signature R. W. Jansen (M. D. or other) _____
Address Manchester, Mo. Date signed 12/14/43

NOV 9 1944

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 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.