

No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7384

FILED FEB 19 1946
318

State File No. _____
Registrar's No. 1183

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County odd
(c) City or town St. Louis 217
(If outside city or town limits, write "RURAL") 9
(d) Street No. 1924 Olive St.
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Tobias S. Drayton
(b) If veteran, name war Nil
3. (c) Social Security No. 494-07-8174

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 2
year 1946 hour 2 minute 30 P. M.
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.

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 11 1912
(Month) (Day) (Year)

Immediate cause of death Edema of brain
Due to Cardiac Hypertrophy
Due to _____
Other conditions (Include pregnancy within 3 months of death) 75
Duration _____

8. AGE: Years Months Days If less than one day
34 0 22 hr. _____ min.

9. Birthplace Union Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Section Man - Railroad

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

MOTHER FATHER

11. Industry or business _____
12. Name Toby Drayton
13. Birthplace Krakow Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lydia Stiner
15. Birthplace Vigus Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lydia Drayton
(b) Address 1924 Olive St.
17. (c) Burial (b) Date thereof 2-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Union, Missouri

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 2
23. Signature Patrick E. Taylor (M. D. or other)
Address Deputy Coroner Date signed 2-4-46

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) FEB 4 1946 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

6834

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 Elmer R. Cadwell
Licensed Embalmer No. 4677
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.