

FILED JAN 7 1947

Registration District No. 318

Primary Registration District No. 1003

State File No. \_\_\_\_\_

Registrar's No. 44438

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:  
De Paul 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 St. Louis  
 (c) City or town Ferguson  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 35 Lee Ave  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Arthur Drew

3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Martha (Appelt) 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: December 18 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 0 7 hr. \_\_\_\_\_ min.

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

10. Usual occupation Special Agent

11. Industry or business Ry Express Co.

12. Name Unknown

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Martha Drew

(b) Address 35 LEE AVE FERGUSON, MO

17. (a) Burial (b) Date thereof 12-28-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvark Cemetery

18. (a) Signature of funeral director Genevieve Nielaus

(b) Address 1431 Union Bl

19. (a) DEC 27 1946 (b) J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25  
 year 1946 hour 9 minute 30 p. M.

21. I hereby certify that I attended the deceased from 12-1-46 to 12-25-46  
 that I last saw him alive on 12-25-46  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 7 Months

Due to arteriosclerosis 1935

Due to arteriosclerosis 1938

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 Ray Johnson (M. D. or other) \_\_\_\_\_

Address Ferguson Mo Date signed 12/26/46

---

**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

*Frank H. Rickard*

Licensed Embalmer No.

*3915*

P. O. Address

*St. Louis, 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.**