V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7495

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 15

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE

(b) City or town STE. GENEVIEVE
(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 NO (Specify whether years, months or days)

In this community LIFE

2. USUAL RESIDENCE OF DECEASED: 15

(a) State MISSOURI (b) County STE. GENEVIEVE

(c) City or town STE. GENEVIEVE 1
(If outside city or town limits, write "RURAL")

(d) Street No. /
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME HENRY J. DRURY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife PHILOMENA EHLER

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased MAY (Month) 1 (Day) 1886 (Year)

8. AGE: Years 60 Months 10 Days 1 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business RETIRED POLITICIAN

FATHER
12. Name CYRUS DRURY
13. Birthplace BLOOMSDALE (City, town, or county) MO 0 (State or foreign country)

MOTHER
14. Maiden name CAROLINE HERMAN
15. Birthplace BRICKEY'S (City, town, or county) MO 0 (State or foreign country)

16. (a) Informant Geo. Denny
(b) Address Ste. Genevieve Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation STE. GENEVIEVE MO

18. (a) Signature of funeral director Geo. Beeler
(b) Address Ste. Genevieve Mo

19. (a) 3-5-47 (Date received local registrar) (b) Teresa M. Karl (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 2 year 1947 hour 3 minute P M.

21. I hereby certify that I attended the deceased from 1941 to March 2 1947; that I last saw him alive on March 2 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute cardiac Dilatation — Duration Instant

Due to: Chronic Myocarditis

Due to: Valvular Heart Disease

Due to: Arterio Hypertension

Due to: Chronic Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

318

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 0

23. Signature J. H. Lapsdale (M. D. or other) MD

Address Ste. Genevieve Mo Date signed 3-4-47

350

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

[illegible] No. 4

[illegible] 347-332

Date [illegible] 3-8-47

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 Leo C. Basler

Licensed Embalmer No. 1985

P. O. Address Ste. Genevieve 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.