S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 29 1947

Registration District No. 3017

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33223

Primary Registration District No. 3069

Registrar's No. 1994

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: [illegible]
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 3923 Prather Ave.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Julius W. Drumm
3. (b) If veteran, name war .....
3. (c) Social Security No.: 492-05-5607

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Mathilda C. Drumm
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: December (Month) 26 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
69	8	14	..... hr. ..... min.

9. Birthplace: Iowa (City, town, or county) (State or foreign country)
10. Usual occupation: Market Master
11. Industry or business: Soulard Market

FATHER
12. Name: Charles Drumm
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Emily Lindsay
(b) Address: 10168 Manchester Rd.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 9/23/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Cemetery
18. (a) Signature of funeral director: Drehmann-Harral
(b) Address: 1905 Union Blvd.
19. (a) 9-25-47 (Date received local registrar) (b) Emily Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 20th year: 1947 hour: 6:45 minute: A.M.

21. I hereby certify that I attended the deceased from 9-11, 1947, to 9-19, 1947, that I last saw him alive on 9-19, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Nephrosclerosis	
Due to: 938	
Due to:	
Other conditions: Hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause of 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 .....

23. Signature: Royal C. McLean MD (M. D. or other)
Address: Kirkwood Mo. Date signed: 9-20-47

(Licensed Embalmer's Statement on Reverse Side)

Jefferson City Printing Co.

Dr. [redacted] Mc Leann ( )
126 E. Jefferson # Kirkwood

1941

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 Warren A. Carver

Licensed Embalmer No. 3534

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.