

No. 300
M-10-47
7-5-17-39
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FEDERAL SECURITY AGENCY #81312
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

12028
3577
State File No. _____
Registrar's No. _____

FILED APR 23 1948

Registration District No. _____ Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital—Max C. Starkloff
(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 STO
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 8628 Riverview
Memorial (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EDWARD DREWEL
(b) If veteran, name war No
(c) Social Security No. Unknown
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: October 28 1872
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 12th
year 1948 hour 11 minute 50 P. M.
21. I hereby certify that I attended the deceased from 4/12/48
_____ 19____, to April 12th 1948
that I last saw him alive on April 12th 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
75 5 14 hr. _____ min.
9. Birthplace Leslie Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Carpenter

Immediate cause of death Carcinoma of the Left Renal Pelvis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 5 1/2
Major findings:
Of operations _____
Of autopsy _____
Duration 1 yr.

MOTHER FATHER
11. Industry or business _____
12. Name Fred Drawell
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Louise Dierking
15. Birthplace Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Louise Engelke
(b) Address 8628 Riverview
17. (a) Burial (b) Date thereof 4-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Beaufort, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) APR 14 1948 J. F. Braddock
(Date received local registrar) (Registrar's signature)

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) (Cause of injury)
23. Signature Ronald G. Cook 4/12/48
1515 Lafayette (Date signed)
Address _____

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. Gadwell

..... Licensed Embalmer No. 4077

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.