

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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **114031**
Registrar's No. **3634**

FILED APR 23 1948 **318**
Registration District No. **318**

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**
(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 **57 days**
In this community **25 years**
years, months or days

3. (a) PRINT FULL NAME **Edward Drummond**
3. (b) If veteran, name war **--**
3. (c) Social Security No. **--**

4. Sex **Male** 2/5. Color or race **col**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Sarah**
6. (c) Age of husband or wife if alive **37** years
7. Birth date of deceased **Dec. 4th 1900**
(Month) (Day) (Year)

8. AGE: Years **47** Months **7** Days **9**
If less than one day hr. min.

9. Birthplace **Natchez, Miss.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Chauffeur**

11. Industry or business **--**

MOTHER FATHER { 12. Name **Eddie Drummond**
13. Birthplace **Natchez, Miss.**
(City, town, or county) (State or foreign country)
14. Maiden name **Carlie Sanders**
15. Birthplace **Natchez, Miss.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Sarah Drummond**
(b) Address **1035 N. Sarah St.**

17. (a) **Burial** (b) Date thereof **Apr. 17, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Chas. J. Gates**
(b) Address **4107 Finney Ave.**

19. (a) **APR 16 1948** (b) **J. F. Brannon**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **020**
(c) City or town **St. Louis** 17
(If outside city or town limits, write "RURAL")
(d) Street No. **1035 N Sarah St** 9
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **13**
year **1948** hour **7** minute **30** a.m.
21. I hereby certify that I attended the deceased from **Feb. 17**, 19 **48** to **April 13**, 19 **48**
that I last saw him alive on **April 13**, 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Pancreas with Extensive Metastasis**
Due to.....
Due to.....
Other conditions **None**
(Include pregnancy within 3 months of death)

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

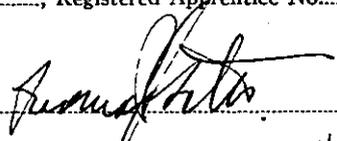
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **James M. Whittier** (M. D. or other) **0**
Address **2601 N Whittier** Date signed **4/15/48**

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.....

..... Thomas J. Gates, Registered Apprentice No.....
working under my personal supervision.

Signed..... 

Licensed Embalmer No. 4259

P. O. Address 4107 7

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.