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ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 15 1948

Registration District No. 577

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18272

Primary Registration District No. 6076

Registrar's No. 1249

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

1. PLACE OF DEATH:
(a) County ST LOUIS
(b) City or town BALDWIN (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: PINE CREST NURSING H (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ABOUT 11 MO. (Specify whether
In this community ABOUT 50 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST LOUIS
(c) City or town WEBSTER GROVES (If outside city or town limits, write "RURAL")
(d) Street No. 655 LANVALE AVE. (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME ROBERT EDWARD DRAKE
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 WIDOWER
6. (b) Name of husband or wife JENNE DRAKE
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased OCT 12 (Month) 1871 (Day) (Year)

8. AGE: Years 76 Months 8 Days 5 If less than one day — hr. — min.

9. Birthplace JUDSONIA (City, town, or county) ARK (State or foreign country)
10. Usual occupation CHIEF INSPECTOR
11. Industry or business FRISCO RR
FATHER
12. Name THOMAS DRAKE
13. Birthplace — (City, town, or county) NEW JERSEY (State or foreign country)
MOTHER
14. Maiden name VIOLA BROWNING
15. Birthplace — (City, town, or county) IOWA (State or foreign country)
16. (a) Informant FRANK DRAKE
(b) Address 655 LANVALE AVE. W.G.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 19 1948 (Month) (Day) (Year)
(c) Place: burial or cremation OAK HILL CEM.
18. (a) Signature of funeral director Parker and Co
(b) Address WEBSTER GROVES MO
19. (a) 5-18-48 (Date received local registrar) (b) Paul A. Shapiro MD (Registrar's signature) MSL

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 17 year 1948 hour 12 minute 15 A.M.
21. I hereby certify that I attended the deceased from JULY 1, 1947, to MAY 17, 1948; that I last saw him alive on MAY 10, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon c̄ metastases
Due to —
Due to —
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations —
Of autopsy —

Duration

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 a. J. Merklin (M. D. or other)
Address 3507 Potomac Date signed 5-18-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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.