FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24234

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6268

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 St. Louis City Hospital
(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 St. Louis 96

(c) City or town Ferguson 6
(If outside city or town limits, write "RURAL")

(d) Street No. 28 N. Harvey 2
(If rural, give location)

(e) Citizen of foreign country? NR (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME John Henry Drewer

3. (b) If veteran, name war No

3. (c) Social Security No. Unknwo

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Drewer

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased November (Month) 22 (Day) 1886 (Year)

8. AGE:

Years	Months	Days	If less than one day
61	7	21	hr. min.

9. Birthplace Warrenton (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Fred William Drewer
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lee Ann McKinney
15. Birthplace (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Mrs. Anna Drewer
(b) Address Ferguson, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hawk Point, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUL 14 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1948 hour 9:00 minute P.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Epidural hemorrhage; Lobar pneumonia; when he was found on the sidewalk in front of 5321 Natural Bridge around 11:25 P.M., July 12, 1948 TIME, PLACE, CAUSE AND MANNER OF SAME COULD NOT BE DETERMINED. OPEN VERDICT

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

108

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) Open verdict

(b) Date of occurrence see above

(c) Where did injury occur? see above (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? see above (Specify type of place)
While at work? see above Means of injury see above

23. Signature Patrick E. Taylor (M.D. or other) 3
Address Dep. Coroner Date signed 7/14/48

WRITE PLAINLY—USING CARBON

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 Henry W. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.