

FILED APR 1 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9979

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2600

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS</i>	
c. LENGTH OF STAY (In this place) <i>66 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>3915 COTE BRILLIANTE AVE</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <i>MO. BAPTIST HOSP. U</i>			

3. NAME OF DECEASED (Type or Print) <i>CLARA</i>		a. (First)		b. (Middle)		c. (Last) <i>DRUIN</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>3 20 1949</i>			
5. SEX <i>F.</i>		6. COLOR OR RACE <i>W.</i>		7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <i>DIVORCED</i>		8. DATE OF BIRTH <i>May 29. 1882</i>		9. AGE (In years last birthday) <i>66</i>		IF UNDER 1 YEAR: Hours Days IF UNDER 1 MIN. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>PRODUCTION WORKER</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>KILLARKE ELEC. CO.</i>			11. BIRTHPLACE (State or foreign country) <i>ST. LOUIS MO</i>			12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		

13a. FATHER'S NAME <i>EDWARD CARNEY</i>		13b. MOTHER'S MAIDEN NAME <i>ELLEN GILMORE</i>		14. NAME OF HUSBAND OR WIFE <i>W^m DRUIN</i>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>489-03-5853</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Dorothy Zacher</i>		ADDRESS <i>1413 "Angelica"</i>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Pancreas</i>				INTERVAL BETWEEN ONSET AND DEATH <i>10 mos</i>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) <i>none</i>					
		DUE TO (c) <i>duodenal obstruction from cancer.</i>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Argyria 15 1/2 X 20 yrs.</i>					

19a. DATE OF OPERATION <i>3-14-49</i>		19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma Pancreas with liver metastasis</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>no</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>none</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from *3-10 1949* to *3-20 1949*, that I last saw the deceased alive on *3-19 1949*, and that death occurred on *3-20 1949* from the causes and on the date stated above.

23a. SIGNATURE <i>D. J. Verda M.D.</i>		(Degree or title)		23b. ADDRESS <i>Lester Bldg St Louis Mo</i>		23c. DATE SIGNED <i>3-21-49</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>3/23/49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>MEMORIAL PARK</i>		24d. LOCATION (City, town, or county) (State) <i>ST. LOUIS Co. Mo.</i>	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>MAR 22 1949 J. B. Sasser</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Wiedmeyer & Co</i>		ADDRESS <i>3934 N. 20 St</i>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Neville B. Thodevetter

Signed _____

Student Embalmer

Licensed Embalmer No. 3696

3934 N. 20th St.

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.