

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20968

Registrar's No. 5527

| | | | | | | | | | | | |
|---|--|--|------------------------------------|--|---|---|--|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 5527 | | | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | | | b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis | | | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 17 | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3324 Blair Ave. | | | | d. STREET ADDRESS (If rural, give location) 3324 Blair Ave. | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) William | | | a. (First) | | b. (Middle) I | | c. (Last) Drake | | | | |
| 4. DATE OF DEATH | | | 5. SEX male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | | | |
| 8. DATE OF DEATH 6 26 49 | | | 9. AGE (In years last birthday) 76 | | 10. IF UNDER 1 YEAR Months | | 11. IF UNDER 24 HRS. Days Hours Min. | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Tennessee | | 12. CITIZEN OF WHAT COUNTRY? | | | |
| 13a. FATHER'S NAME Unknown | | | 13b. MOTHER'S MAIDEN NAME unknown | | | 14. NAME OF HUSBAND OR WIFE Annabel Drake | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Annabel Drake | | | | ADDRESS 3324 Blair Ave. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Dilatation of Heart Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Regurgitation DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 2 days | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 124 | | | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 5810 | | | | | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:30 a.m., from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE J. B. Facator (Degree or title) | | | | 23b. ADDRESS 1875 Madison | | | | 23c. DATE SIGNED 6/27/49 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 6-28-49 | | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo | | | | | |
| DATE REC'D BY LOCAL REG. JUN 27 1949 | | REGISTRAR'S SIGNATURE J. B. Facator | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hy. Leidner U, 2223 St. Louis Ave. | | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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.

Student
Student Embalmer

Signed

Frank J. Myland

Licensed Embalmer No.

2645

P. O. Address

2223 St. Louis Ave

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.