

5. No. 300
10. 48

FILED APR 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15168

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3043 Registrar's No. 874

4002
3

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

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Mo b. COUNTY: ST LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gardenville 4910	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Louis County Hospital		e. STREET ADDRESS 4874 Oldenburg 1	

3. NAME OF DECEASED (Type or Print) a. (First) Thomas	b. (Middle)	c. (Last) Drazick	4. DATE OF DEATH (Month) (Day) (Year) Apr. 3, 1950
--	-------------	-------------------	---

5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 8, 1898	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
---------------	------------------------	--	------------------------------	------------------------------------	------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stonemason	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Yugoslavia 8	12. CITIZEN OF WHAT COUNTRY? USA
--	-----------------------------------	--	----------------------------------

13a. FATHER'S NAME Matt Drazick	13b. MOTHER'S MAIDEN NAME not known	14. NAME OF HUSBAND OR WIFE Helen Drazick
---------------------------------	-------------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Tom Drazick 5963 Lalite
---	-------------------------	---

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH unk
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause unknown		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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)
--	--	---

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?
--	--	----------------------------

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Herbert R. Wombe</i> (Degree or title) Local Registrar of Vital Statistics 8	23b. ADDRESS 651 South Brentwood Boulevard	23c. DATE SIGNED 4/4/50
--	--	-------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4/6/50	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
--	------------------	--	---

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 4 1950 <i>Herbert R. Wombe</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L Ziegenhein & Sons 7027 Gravois
--	---

(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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *W. G. Peterson*.....

Licensed Embalmer No. *3767*.....

P. O. Address *7027 Gravois*.....

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.