

FILED AUG 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25461

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>1836</u>	
1. PLACE OF DEATH a. COUNTY <b>SAINT LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>SAINT LOUIS</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>CLAYTON</b>		c. LENGTH OF STAY (in this place) <b>Years</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>CLAYTON</b>		4442	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8125 VENA AVE.</b>				4. STREET ADDRESS (If rural, give location) <b>8125 VENA AVENUE.</b>			
3. NAME OF DECEASED (Type or Print) <b>LEMUEL</b>		a. (First)		b. (Middle) <b>ADMIRAL</b>		c. (Last) <b>DRINKARD</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 30 1950</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>INTERIOR DECORATOR</b>		8. DATE OF BIRTH <b>JULY 26 1872</b>		9. AGE (In years last birthday) <b>78</b> IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>JAMES HENRY DRINKARD</b>			
13b. MOTHER'S MAIDEN NAME <b>UNK BRANCH</b>		14. NAME OF HUSBAND OR WIFE <b>CORA ALICE ELLEY</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no; or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS J. H. WALTON - 8125 VENA AVE.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Sarcous Liver of fundi</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1998</b> 1958	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>		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) _____	
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 <u>March 15, 1950</u> , to <u>July 30, 1950</u> , that I last saw the deceased alive on <u>July 30, 1950</u> , and that death occurred at <u>2100 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J. H. Walton M.D.</b>				23b. ADDRESS <b>536 N. Payson</b>		23c. DATE SIGNED <b>July 30 1950</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>AUGUST 1 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>VALHALLA CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY, MISSOURI.</b>	
DATE REC'D BY LOCAL REG. <b>7-31-50</b>		REGISTRAR'S SIGNATURE <b>Herbert Blanke</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>G. R. LUPTON &amp; SONS. 7233 DELMAR BLV'D.</b>			

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

DR. J. H. WALTON  
536 NO. TAYLOR AVE.

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

*Arnold W. Schoene*

Licensed Embalmer No.

*3864*

P. O. Address

*St. Louis, 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.