No. 300
10.48

FILED AUG 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28145

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7025

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DEPAUL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS, 210.9
d. STREET ADDRESS (If rural, give location) 4259 KOSSUTH AVE

3. NAME OF DECEASED (Type or Print)
a. (First) AMOS
b. (Middle) L.
c. (Last) DRURY

4. DATE OF DEATH (Month) (Day) (Year) AUG, 17, 1950

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 11/19/1871
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED BARBER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) BLOOMSDALE MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JULIUS DRURY
13b. MOTHER'S MAIDEN NAME JANE HIPES
14. NAME OF HUSBAND OR WIFE BERTHA DRURY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME BERTHA DRURY 4259 KOSSUTH AVE — ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Insufficiency

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Acute Rheumatism

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 420.1

22. *I hereby certify that I attended the deceased from* 5-11-, 1947, *to* 8-16-, 1950, *that I last saw the deceased alive on* 8-16-, 1950, *and that death occurred at* 5-05 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) W N White
23b. ADDRESS 2803 N. Kingsbury Ave
23c. DATE SIGNED 8-18-50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 8/19/50
24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY
24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI

DATE REC'D BY LOCAL REG. AUG 18 1950
REGISTRAR'S SIGNATURE J. B. Lassiter
25. FUNERAL DIRECTOR'S SIGNATURE STROOT - CARROLL 4600 NATURAL BRIDGE — ADDRESS

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Ben C. Hoffman

Signed.....
Student Embalmer

Licensed Embalmer No. 4366

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.