

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 19 1951

State File No. 2183
44

BIRTH NO. <u>4057-51</u>		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Booth Memorial Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>7728 So Broadway</u>			
3. NAME OF DECEASED a. (First) <u>Daniel</u> (Type or Print)			b. (Middle) <u>Dewey</u>		c. (Last) <u>Drennen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-2-1951</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>U</u>		8. DATE OF BIRTH <u>1-1-1951</u>		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZENSHIP OF COUNTRY? <u>U</u>	
13a. FATHER'S NAME <u>Ernest Dewey Drennen</u>			13b. MOTHER'S MAIDEN NAME <u>Nona Mac hinebarger</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Ernest D. Drennen Jr</u>			
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) <u>Toxemia due to Eclampsia of Mother</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Birth</u> <u>7690</u>	
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) _____		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>Jan 1, 1951</u> , to <u>Jan 2, 1950</u> , that I last saw the deceased alive on <u>Jan 2, 1950</u> , and that death occurred at <u>6:36 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Leroy E. Ellison MD</u>				23b. ADDRESS <u>3610 So Broadway St. Louis Mo</u>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>1-4-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin's</u>			
ADDRESS <u>JAN 3 1951</u>				ADDRESS <u>2301 Mayette</u>			

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

Norman W. Gahler

~~Licensed Embalmer No.~~

Funeral Director

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.