

S. No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18948

State File No. ....

FILED JUN 7 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4467 Registrar's No. 2317

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Micho.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Valley Park</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Detroit</u>	
c. LENGTH OF STAY (in this place) <u>4 mo.</u>		8210	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bedacroft</u>		d. STREET ADDRESS (If rural, give location) <u>4247 Fischer</u>	

3. NAME OF DECEASED a. (First) <u>JULIA</u> (Type or Print)		b. (Middle) <u>NESTEL</u>		c. (Last) <u>DREW</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 31 51</u>	
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb 19, 1863</u>		9. AGE (In years last birthday) <u>88</u> Months <u>3</u> Days <u>12</u>		IF UNDER 14 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (State or foreign country) <u>Herrmann, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Carl Nestel</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Zeller</u>		14. NAME OF HUSBAND OR WIFE <u>Edward P. Drew</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J.P. Meyer</u> ADDRESS <u>1221 Grant Rd.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arterio sclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility with deterioration</u>					
		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? <u>450.0</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from April 12, 1951, to May 31, 1951, that I last saw the deceased alive on May 30, 1951, and that death occurred at 11:40P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Palmer Duane Bivich M.D.</u> (Degree or title)		23b. ADDRESS <u>5800 Arsenal Saint Louis</u>		23c. DATE SIGNED <u>6-1-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>6/4/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>6-1-51</u>		REGISTRAR'S SIGNATURE <u>Hubert P. Gombke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>PROVOST UND. CO.</u> ADDRESS <u>3710 N. Grand Bl.</u>	
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(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 *Albert Mayfield*  
Licensed Embalmer No. *3077*

P. O. Address.....

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.