

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21454**

FILED JUN 23 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5031**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis MO</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis MO</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>418 Westminister</b>		<b>418 Westminister</b>	

3. NAME OF DECEASED (Type or Print) <b>William</b>		b. (Middle) <b>Drizbath</b>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>5 20 51</b>							
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>at 1886</b>		9. AGE (In years last birthday) <b>65</b>		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>				11. BIRTHPLACE (State or foreign country) <b>MO.</b>			12. COUNTRY OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>Wick</b>		13b. MOTHER'S MAIDEN NAME <b>Wick</b>		14. NAME OF HUSBAND OR WIFE <b>Wick</b>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify service) <b>none</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>J.C. Vayns 1200 York</b>			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>External hemorrhage, exhaustion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>3. laceration of scalp</b>  DUE TO (b) <b>Struck by Milk Bottle in Hands</b>  DUE TO (c) <b>at 1:50 AM May 20 1951 when deceased</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>of one Bil. Splect in ossement of 418 Westminister</b>				20. AUTOPSY? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>at home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis MO 6983X</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>5 20 51 PM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Struck by Bottle</b>	
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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 \_\_\_\_\_, from the causes and on the date stated above.

23a. SIGNATURE <b>Reg. M. J. ...</b>		23b. ADDRESS <b>1300 Clark St</b>		23c. DATE SIGNED <b>5/31/51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 31-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Matthews Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis MO.</b>	
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DATE REC'D BY LOCAL REGISTRY <b>MAY 31 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. ...</b>		25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Geo. W. Clark, 1125 Hochmont</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 3 11 1951

*Emb separate Cert filed*

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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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.