

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24502
6429

State File No.

FILED JUL 28 1951

BIRTH NO. 39446-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 8120	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 4617 Tudor	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Mary's Infirmary			

3. NAME OF DECEASED (Type or Print)	a. (First) Alfred	b. (Middle) Drake	c. (Last) Drake	4. DATE OF DEATH (Month) (Day) (Year) 6-19-51
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5. SEX male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) None	8. DATE OF BIRTH 6-18-51	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 1	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 0	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Mather Lee Drake	13b. MOTHER'S MAIDEN NAME Marie Rush	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Marie Drake	ADDRESS Mother as above-
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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		INTERVAL BETWEEN ONSET AND DEATH minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ex paugina tion		
	ANTECEDENT CAUSES As forid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Umbilical cord clot DUE TO (c) extruded c. resultant hemorrhage		
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? 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 761.0
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22. I hereby certify that I attended the deceased from 6-18, 1951, to 6-19, 1951, that I last saw the deceased alive on 6-19, 1951, and that death occurred at 4:00 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. P. [Signature]	23b. ADDRESS St. Mary's Infirmary	23c. DATE SIGNED 6/20/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) 0	24b. DATE JUL 19 1951	24c. NAME OF INTERMENT PLACE Anatomical Dept	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. JUL 19 1951	REGISTRAR'S SIGNATURE J. P. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc.	ADDRESS
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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.....

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.