

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2739**  
**0711**  
Registrar's No. ....

FILED FEB 14 1952

318

1003

BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. ....	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Monroe</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>3 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Columbia</b>		<b>120</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Pacific Hosp.</b>			d. STREET ADDRESS (If rural, give location) <b>815 N. Metter</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>ANNEX</b> c. (Last) <b>DRURY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 22. 52</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>January 3, 1886</b>		9. AGE (In years last birthday) <b>66</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>	11. BIRTHPLACE (State or foreign country) <b>Jackson Co., Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Nicholas Gurnow</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Moore</b>		14. NAME OF HUSBAND OR WIFE <b>Harry Drury, deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Walter Drury</b>		ADDRESS <b>Dupo, Ill</b>	
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) <b>Lymphosarcoma</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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? 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) <b>Dupo, Ill</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 <b>Jan. 20, 1952</b> , to <b>Jan 22, 1952</b> , that I last saw the deceased alive on <b>Jan 21, 1952</b> , and that death occurred at <b>5<sup>00</sup> A</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Harold A. Washburn</b>			23b. ADDRESS <b>1255 1/2 Grand View Ave</b>		23c. DATE SIGNED <b>1-22-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>Jan 22, 52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>local</b>		24d. LOCATION (City, town, or county) (State) <b>Dupo, Illinois</b>	
DATE REC'D BY LOCAL REG. <b>JAN 23 1952</b>		REGISTRAR'S SIGNATURE <b>Earl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Harold A. Washburn</b>	
				ADDRESS <b>Dupo, Ill.</b>	

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

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**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 David A. Roegner .....

Licensed Embalmer No. # 4621 .....

P. O. Address Deer, Illinois .....

**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.