

FILED MAR 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9895

State File No. _____
Registrar's No. 1704

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY <u>Mo</u>	
b. CITY (If outside corporate limits, write RURAL and give 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, Mo</u> <u>2149</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital # 1</u>		d. STREET ADDRESS (If rural, give location) <u>14 5219 Delora St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruth</u> b. (Middle) _____ c. (Last) <u>Drexl</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>27</u> <u>52</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-9-1907</u>		9. AGE (In years last birthday) <u>45</u> IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>North Dakota</u>		12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME <u>Svend Hagen</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Clarence Drexl</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>492-03-2123</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Donald Drexl 1419 Winona Av</u>

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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Cerebral Apoplexy</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <u>334X</u>

22. I hereby certify that I attended the deceased from _____, 1952, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:15 P. m., from the causes and on the date stated above.

22a. SIGNATURE <u>Patrick E. Taylor, M.D. Coroner</u> (Degree or title)	22b. ADDRESS <u>1300 Clark</u>	22c. DATE SIGNED <u>2-23-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-25-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>
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DATE REC'D BY LOCAL REG. <u>FEB 23 1952</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodhart-Goodhart 2228 St. Louis, Av</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Elton H. Camelinus

Licensed Embalmer No. 4283

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.