

APR 25 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14213

3343

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **818** 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 **Mo** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give town) OR **St. Louis, Missouri** c. LENGTH OF STAY (in this place) \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR **ST. LOUIS 2059**

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis City Hospital #1** d. STREET ADDRESS (If rural, give location) **950 BELT**

3. NAME OF DECEASED (Type or Print) a. (First) **MARY** b. (Middle) \_\_\_\_\_ c. (Last) **DRAKE** 4. DATE OF DEATH (Month) (Day) (Year) **APRIL 8, 1952**

5. SEX **F** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **W 2** 8. DATE OF BIRTH **1-16-1872** 9. AGE (In years last birthday) **80** # UNDER 1 YEAR Months \_\_\_\_\_ # UNDER 2 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **NIL** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) **Mo** 12. CITIZEN OF WHAT COUNTRY? **U**

13a. FATHER'S NAME **JOHN RINCK** 13b. MOTHER'S MAIDEN NAME **UNK. ESHENFELTER** 14. NAME OF HUSBAND OR WIFE **UNK.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME **CLADELLE SMITH** ADDRESS **5359 THEODOSIA**

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, asthma, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **CARCINOMA OF ESOPHAGUS WITH GENERALIZED METASTASES**  
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. **GEN. ARTERIO SCLEROSIS**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE (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) \_\_\_\_\_ m. 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR **150X**

22. I hereby certify that I attended the deceased from **2-16-52**, 19\_\_\_\_, to **4-8-52**, 19\_\_\_\_, that I last saw the deceased alive on **4-8-52**, 19\_\_\_\_, and that death occurred at **1:20P m.**, from the causes and on the date stated above.

22a. SIGNATURE **Victor B. Keffer** (Degree or title) **M.D.** 23b. ADDRESS **1515 Lafayette Avenue** 23c. DATE SIGNED **4-8-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **4-10-52** 24c. NAME OF CEMETERY OR CREMATORY **CALVARY** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo**

DATE REC'D BY LOCAL REG. **APR 9 1952** REGISTRAR'S SIGNATURE **Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **E. J. Schauer** ADDRESS **3125 Lafayette**  
(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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Joe B. Palmer

Signed.....  
Student Embalmer

Licensed Embalmer No. 4014

P. O. Address 1125 Lafayette

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.