

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED JUL 2 - 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5532**

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 township) OR TOWN **St. Louis, Missouri** c. LENGTH OF STAY (in this place) _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2149**

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis City Hospital # 1** d. STREET ADDRESS (If rural, give location) **14 4932 Neosho St.**

3. NAME OF DECEASED a. (First) **ELIZABETH** b. (Middle) **M.** c. (Last) **DRENNAN** 4. DATE OF DEATH (Month) (Day) (Year) **June 14 1952**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Feb. 22, 1883** 9. AGE (In years last birthday) **69** 10. MONTHS **69** 11. HOURS **69** 12. MIN. **69**

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

13a. FATHER'S NAME **William Merkle** 13b. MOTHER'S MAIDEN NAME **Pauline Unknown** 14. NAME OF HUSBAND OR WIFE **Mose H. Drennan**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) **No** (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Mose H. Drennan** ADDRESS **4932 Neosho St.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) **MEDICAL CERTIFICATION**
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinomatosis, generalized**
ANTECEDENT CAUSES **Primary lesion unknown**
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
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 NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **1998**

22. I hereby certify that I attended the deceased from **June 2, 1952**, to **June 14, 1952**, that I last saw the deceased alive on **June 14, 1952**, and that death occurred at **10:25 AM** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **James K. Rittelmaier M.D.** 23b. ADDRESS **1515 Lafayette** 23c. DATE SIGNED **6/14/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Jun. 16, 1952** 24c. NAME OF CEMETERY OR CREMATORY **New St. Marcus Cem.** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **JUN 16 1952** REGISTRAR'S SIGNATURE **J. Earl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Kriegshauser 4228 S. Kingshighway Bl.**

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

Edwin M. Hermath

Licensed Embalmer No. *3024*

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.