

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21937**
BIRTH NO. **38608** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5156**

FILED JUN 27 1952

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
3. NAME OF DECEASED (Type or Print) a. (First) "Baby" b. (Middle) c. (Last) Druss		4. DATE OF DEATH (Month) (Day) (Year) 6/4/52	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 4, 1952
9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edward Druss		13b. MOTHER'S MAIDEN NAME Anita Cullens	
14. NAME OF HUSBAND OR WIFE ----		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. ----		17. INFORMANT'S SIGNATURE OR NAME Edward Druss--3530a Grace	
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.		MEDICAL CERTIFICATION Prematurity (3lbs) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ 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 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 776X		22. I hereby certify that I attended the deceased from 6-5 1952 to 6-5 1952 , that I last saw the deceased alive on 6-5 1952 , and that death occurred at 1:00 P m., from the causes and on the date stated above.	
23. SIGNATURE William Earl Stude (Degree or title)		23b. ADDRESS 16 Hampton Village Plaza	
23c. DATE SIGNED 6-5-52		24. LOCATION (City, town, or county) (State) St. Louis, Missouri	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/5/52	
24c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL JUN 5 1952		REGISTRAR'S SIGNATURE Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE W. Wacker-Helders		ADDRESS 3634 Gravois	

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 Clarence Wacker

Licensed Embalmer No. _____

P. O. Address 3634 Harris

No Embalming

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.