

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2862

FILED FEB 3 1953

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

State File No.

Registrar's No. 0701

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No. 0701	
1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MO.</i> b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>			c. LENGTH OF STAY (In this place) <i>35 yrs</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis 2229</i>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>2762 Caroline</i>					d. STREET ADDRESS (If rural, give location) <i>22 2762 Caroline</i>				
3. NAME OF DECEASED a. (First) <i>Bertha</i>			b. (Middle) <i>Drayton</i>		a. (Last) <i>BINGAMAN</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>1-15-1953</i>		
5. SEX <i>3 Female</i>		6. COLOR OR RACE <i>Negro</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>12-1-1904</i>		9. AGE (In years last birthday) <i>48</i> IF UNDER 1 YEAR Months Days IF UNDER 1 MRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cook</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>restaurant</i>		11. BIRTHPLACE (State or foreign country) <i>Baton Rouge, La.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Paul Drayton</i>			13b. MOTHER'S MAIDEN NAME <i>Williams</i>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Louise Drayton</i> ADDRESS <i>2762 Caroline</i>				
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) <i>Cardiac Dysrhythmia</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary Artery</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>5 yrs.</i>	
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>5810</i>							
22. I hereby certify that I attended the deceased from <i>Feb. 7, 1947</i> , to <i>Jan. 15, 1953</i> that I last saw the deceased alive on <i>Jan. 12, 1953</i> and that death occurred at <i>4:30 p.m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Joseph F. Frigg, M.D.</i>			23b. ADDRESS <i>508 N. Grand</i>			23c. DATE SIGNED <i>Jan 20, 1953</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>1-22-53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>			
DATE REC'D BY LOCAL REG. <i>JAN 21 1953</i>		REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter H. Home</i>		ADDRESS <i>215 So. Jeff.</i>			

(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.....

....., Student Embalmer No.,
working under my personal supervision.

Student
Student Embalmer

Signed.....

S. J. Watson

Licensed Embalmer No. *2698*

P. O. Address *2769 Chouteau*

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.