.S. No. 300
EV. 10.48

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

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

15632

State File No. .....

79438
FILED APR 18 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3522

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2348a Hickory St.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2229
d. STREET ADDRESS (If rural, give location): 22 2348a H ickory St 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Johnethel
b. (Middle):
c. (Last): Dragg

**4. DATE OF DEATH** (Month) (Day) (Year): April 1, 1953

**5. SEX**: Fem 3
**6. COLOR OR RACE**: Col
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Infant 0
**8. DATE OF BIRTH**: Oct. 27, 1952
**9. AGE** (In years last birthday): IF UNDER 1 YEAR — Months: 5; Days: 4; IF UNDER 24 HRS. — Hours: ; Min.:
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired):
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): St. Louis, Missouri 0
**12. CITIZEN OF WHAT COUNTRY?**:
**13a. FATHER'S NAME**: James Dragg
**13b. MOTHER'S MAIDEN NAME**: Reatha Mae Mumphrey
**14. NAME OF HUSBAND OR WIFE**:
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown):
(If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME** — ADDRESS: Reatha Mae Dragg, 2348a Hickory Street

**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) Cholera Infantum — INTERVAL BETWEEN ONSET AND DEATH: 6 days

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 ☐ 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) m.:
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: 5710

22. *I hereby certify that I attended the deceased from* Mar 31, 1953, *to* Apr 1, 1953, *that I last saw the deceased alive on* Mar 31, 1953, *and that death occurred at* 2 30 *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: L. L. Jaques (Degree or title) MD
**23b. ADDRESS**: 302 S. Jefferson
**23c. DATE SIGNED**: Apr. 1, 1953

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 4/3/53
**24c. NAME OF CEMETERY OR CREMATORY**: Booker T. Washington
**24d. LOCATION** (City, town, or county) (State): Centerville Twp. Ill.

DATE REC'D BY LOCAL REG. APR 3 1953
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE** — ADDRESS: R. M. C. Green, 4060 Washington Ave.

E.P. (Licensed Embalmer's Statement on Reverse Side)

## 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 Melvin E. Lee

Signed.....
Student Embalmer

Licensed Embalmer No. 4428

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.