

2107

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27186**

BIRTH NO. FILED **AUG 6 - 1953** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **2107**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jeff.</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Richmond Heights</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Crystal City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>308 Taylor Ave</b>	
3. NAME OF DECEASED (Type or Print) <b>Jasper J. Drury</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 29 1953</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 10, 1891</b>
9. AGE (In years last birthday) <b>62</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	11. BIRTHPLACE (State or foreign country) <b>Bloomington, Mo.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>P.P.G. Co.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Francis Drury</b>		13b. MOTHER'S MAIDEN NAME <b>Matilda LaRose</b>	14. NAME OF HUSBAND OR WIFE <b>Catherine McDonald</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War I</b>		16. SOCIAL SECURITY NO. <b>Unt.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Jasper J. Drury</b> ADDRESS <b>Crystal City, Mo.</b>
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Reticulum cell sarcoma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>	
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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>197X</b>	
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?			
22. I hereby certify that I attended the deceased from <b>Feb</b> , 1953, to <b>July</b> , 1953, that I last saw the deceased alive on <b>July 28</b> , 1953, and that death occurred at <b>6:15 A. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>H. C. Macdonald</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>539 N. Grand Blvd</b>	
23c. DATE SIGNED <b>7-29-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>		24b. DATE <b>8-1-53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Catholic</b>		24d. LOCATION (City, town, or county) (State) <b>Crystal City, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>8-1-53</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Douke, M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Herbert R. Douke</b> ADDRESS <b>Crystal City, Mo.</b>			

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AUG 18 1953

AUG 21 1953

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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.....

*Gentry R. Polite*

Signed.....

Student Embalmer

Licensed Embalmer No. 3481

P. O. Address Crystal City, Va

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.