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1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
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) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Res. 814 Hamilton / 2058				STREET ADDRESS (If rural, give location) 814 Hamilton					
3. NAME OF DECEASED (Type or Print) Charles		a. (First)		b. (Middle) Edward		c. (Last) Drewett		4. DATE OF DEATH (Month) (Day) (Year) Jan. 29, 1955	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 27, 1880		9. AGE (In years last birthday) 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Painter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) England			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Thomas Drewett			13b. MOTHER'S MAIDEN NAME Mira Pope			14. NAME OF HUSBAND OR WIFE Agnes Drewett			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 488-16-6421A		17. INFORMANT'S SIGNATURE OR NAME Isabelle Drewett 814 Hamilton			ADDRESS		
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma prostate Metastases ANTECEDENT CAUSES Brain Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bone metastases DUE TO (c) —						INTERVAL BETWEEN ONSET AND DEATH 4 yrs + 1 yr + 4 yrs +	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease						1943-	
19a. DATE OF OPERATION 9-15-52		19b. MAJOR FINDINGS OF OPERATION Orchiectomy						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) —		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 177X					
22. I hereby certify that I attended the deceased from 5-13-43, 19___, to 1-28-55, 19___, that I last saw the deceased alive on 1-28-55, 19___, and that death occurred at 10:30P.M., from the causes and on the date stated above.									
23a. SIGNATURE J. H. W. Clark			(Degree or title) O M.D.		23b. ADDRESS 864 Hamilton Blvd St. Louis 12 Mo		23c. DATE SIGNED 1-29-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan 31 1955		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.			
DATE REC'D BY LOCAL REG. JAN 31 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D. + Sons			25. FUNERAL DIRECTOR'S SIGNATURE 6175 Delmar				

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.....  
Signature of Student Embalmer

Signed *Jos. E. McCulloch* .....

Licensed Embalmer No. *296* .....

P. O. Address *6175 Dr* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.