

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27336

FILED AUG 29 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 173

1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST. CHARLES</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. CHARLES</u>		c. CITY OR TOWN <u>ST. CHARLES</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>5 1/2 YRS</u>		• STREET ADDRESS (If rural, give location) <u>333 1/2 CLAY ST. 0 9 20</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>333 1/2 CLAY STR.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWIN</u> b. (Middle) <u>THEODORE</u> c. (Last) <u>DRALE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 20 1955</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>MAY 31 1885</u>	9. AGE (In years last birthday) <u>70</u> Months <u>2</u> Days <u>20</u>	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED STORE PROP</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RETAIL</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>FREDERICK G. DRALE</u>	13b. MOTHER'S MAIDEN NAME <u>MATHILDA MERTEN</u>	14. NAME OF HUSBAND OR WIFE <u>BONNIE B. DRALE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>49-09-8187</u>	17. INFORMANT'S SIGNATURE OR NAME <u>BONNIE B. DRALE</u> ADDRESS <u>ST. CHARLES, MO</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral Insufficiency</u>		
	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. <u>Chronic Parenchymatous Nephritis</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>410X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 1, 1955, to Aug 20, 1955, that I last saw the deceased alive on Aug 14, 1955, and that death occurred at 1:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Russ Turner</u> (Degree or title) <u>MS</u>	23b. ADDRESS <u>1251 Breakstone - 8th St. Mo</u>	23c. DATE SIGNED <u>Aug 20 - 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>AUG. 22, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CHAPEL OF MEM</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 20 1955</u>	REGISTRAR'S SIGNATURE <u>Fannie Hamilton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. L. Preister, St. Charles Mo</u> ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 28 1955

JAN 2 1958

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

Body not embalmed to be cremated
L. L. Prunster

Signature.....

Licensed Embalmer No.....

P. O. Address.....

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.