

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30776

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7503

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Saint Louis</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>	c. CITY OR TOWN <u>Saint Louis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Incarnate Word</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <u>6934 Sutherland</u>		f. (If rural, give location) <u>2039</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ernest</u>	b. (Middle) <u>W</u>	c. (Last) <u>Drexel</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>8</u> - <u>25</u> <u>1955</u>
-------------------------------------	--------------------------	----------------------	-------------------------	---------------------------------------	----------------------------------

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-11-1880</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
-----------------	---------------------------	---	-----------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chemist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Wood Treating Chemical Co</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Omaha, Nebraska</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	---	---

13a. FATHER'S NAME <u>John Drexel</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Goldie M Drexel (Nee Souders)</u>
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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Goldie M Drexel 6934 Sutherland, St. Louis Mo</u>

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 <u>6 Mos</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma</u>		3 yrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Prostate</u>		
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 <input type="checkbox"/> NO <input 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? <u>177 X</u>
---	--	---

22. I hereby certify that I attended the deceased from 8/21/55, 1955, to 8/25, 1955, that I last saw the deceased alive on 8/25, 1955, and that death occurred at 8:57 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Rosemary R. Larkin M.D.</u>	23b. ADDRESS <u>3284 Swarthmore, St. Louis</u>	23c. DATE SIGNED <u>8/25/55</u>
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>August 27, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery Oak Hill, Missouri</u>	24d. LOCATION (City, town, or county) (State)
--	----------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>AUG 26 1955</u>	REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hoffmeister Colonial Mortuary 616 Chippewa St., St. Louis, Missouri</u>
---	--	---

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 *Harry J. Schumacher*  
Licensed Embalmer No. *2677*

P. O. Address *1114 Broadway*

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.