

No. 300
10.48

XC-419 652

Reg. 12240 SL-6628

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38182

FILED DEC 2 1955

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

State File No. _____

Registrar's No. 10026

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI		b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give town) 915 N. Grand, St. Louis, Mo.		c. LENGTH OF STAY (In this place) 9 days		c. CITY OR TOWN Herculaneum	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp.		e. STREET ADDRESS (If rural, give location) 0 5001			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) E.		c. (Last) DRUM	
4. DATE OF DEATH 11-16-55		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 11-4-96		9. AGE (In years last birthday) 59	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and State or Foreign Country) Bonne Terre, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Marion Drum		13b. MOTHER'S MAIDEN NAME Rebecca Slinkard	
14. NAME OF HUSBAND OR WIFE Florence Drum		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-I		16. SOCIAL SECURITY NO. 493 03 9342	
17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, 915 N. Grand, St. Louis, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION		INTERVAL BETWEEN ONSET AND DEATH Appx. 1 wk.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) THROMBOSIS OF LEFT CORONARY ARTERY			
		DUE TO (c) ARTERIOSCLEROSIS OF LEFT CORONARY ARTERY			
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 checked="" 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) #200-4201		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA		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 11-7-55, 19__, to 11-16-55, 19__, and that death occurred at 7:00 P.M., from the causes and on the date stated above.			
23a. SIGNATURE J. Kaminski		23b. ADDRESS VA Hospital M.D. 915 N. Grand, St. Louis, Mo.		23c. DATE SIGNED 11-16-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/19/55		24c. NAME OF CEMETERY OR CREMATORY City	
24d. LOCATION (City, town, or county) (State) Herculaneum, Mo		DATE REC'D BY LOCAL REG. NOV 17 1955		25. FUNERAL DIRECTOR'S SIGNATURE H. Wenzel 120 Main St. Festus, Mo	

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

(Licensed Embalmer's Statement on Reverse Side)

MAR 16 1958

APR 28 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

Signed *Donald H. Wingard*

Licensed Embalmer No. *460*

P. O. Address *Fort...*

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.