

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42000

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11205**

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis State Hosp.		c. LENGTH OF STAY (in this place) 60 days		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 - St. Louis State Hospital				e. STREET ADDRESS (If rural, give location) 13 5100 Arsenal Street 21370				
3. NAME OF DECEASED (Type or Print) a. (First) Frederick			b. (Middle) William		c. (Last) Drakesmith		4. DATE OF DEATH (Month) (Day) (Year) 12-20-55	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH 3-18-1878	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Contractor		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Frederick W. Drakesmith			13b. MOTHER'S MAIDEN NAME Agusta Landwehr		14. NAME OF HUSBAND OR WIFE Martha - Dec'd.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-30-5720		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Irene K. Zoeller 26-Stoneleigh Tower				
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, ashenia, 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) Arteriosclerotic heart disease				11 yrs plus				
ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis				11 yrs plus				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.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?				
22. I hereby certify that I attended the deceased from 10-26- , 19 55 , to 12-20 , 19 55 , that I last saw the deceased alive on 12-20, 55 , and that death occurred at 4:15p m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) I. Hooplauer M.D.				23b. ADDRESS 5100 Arsenal Street		23c. DATE SIGNED 12-21-55		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 12-23-1955	24c. NAME OF CEMETERY OR CREMATORY Zion Cem.		24d. LOCATION (City, town, or county) (State) Wellston, Mo.			
DATE REC'D BY LOCAL REG. DEC 22 1955		REGISTRAR'S SIGNATURE Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Baumgardner Bros Supt 204 W. Washburn St. Or 147MO				

(Licensed Embalmer's Statement on Reverse Side)

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 *David E. Gibson*.....

Licensed Embalmer No. *34*.....

P. O. Address *Overland*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.