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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 42944 11503

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo. Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL Length of stay in 1b: 14 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: St. Clair
c. CITY OR TOWN: Centerville Twsp 8/2 8 Inside Limits: Yes ☐ No X
d. STREET ADDRESS (If outside, give location): 5504 Bond Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Ruth Middle E. Last Drayton

4. DATE OF DEATH Month Dec. Day 14, Year 1956

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** X **DIVORCED** ☐

8. DATE OF BIRTH: Aug. 14, 1898

9. AGE (In years last birthday): 58

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): Stenogragher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): East St. Louis, Ill 1

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: Charles Kirby

14. MOTHER'S MAIDEN NAME: Hattie Rossig

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 329 10 8322

17. INFORMANT Address: Carl Thiede St. Louis, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Thrombosis of right and left coronary arteries — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — Years
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 420. 0

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov. 30, 1956 to Dec. 14, 1956 and last saw her/him alive on Dec. 14, 1956. Death occurred at 11:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. D. Vermillion M. D. M. D.

22b. ADDRESS: BARNES HOSPITAL

22c. DATE SIGNED: 12/14/56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Dec. 17, 1956

23c. NAME OF CEMETERY OR CREMATORY: Mt. Hope

23d. LOCATION (City, town, or county) (State): Belleville, Ill

24. FUNERAL DIRECTOR: Chas M. Burke ADDRESS: East St. Louis, Ill

25. DATE RECD. BY LOCAL REG.: DEC 15 1956

26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....Chas. M. Bu

Licensed Embalmer No...242

P. O. Address East St. Lo

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.