FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42947
STATE FILE NUMBER 11074

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

1. PLACE OF DEATH
a. COUNTY ~~St Louis~~
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Lukes — Length of stay in Ib 3 wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St Charles
c. CITY OR TOWN St Charles 0923 / — Inside Limits Yes X No ☐
d. STREET ADDRESS 2558 Sibley (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Marvin / MARVIN; Middle; Last Drunert / DRUNERT.

4. DATE OF DEATH Month NOV. Day 29 Year 1956

5. SEX M.
6. COLOR OR RACE W.
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Nov. 8 1943
9. AGE (In years last birthday) 13 — 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) School boy
10b. KIND OF BUSINESS OR INDUSTRY School
11. BIRTHPLACE (City and state or country) Washington Mo
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Fredrick Drunert
14. MOTHER'S MAIDEN NAME Marie Southern
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Fredrick Drunert — Address St Charles Mo

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BRAIN TUMOR, MALIGNANT, MEDULLOBLASTOMA — 5 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Brain Tumor, Malignant — 5 Mons
DUE TO (c) 193X

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

19. WAS AUTOPSY PERFORMED? YES ☐ 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. 14, to NOV. 29 and last saw him alive on NOV. 28.
Death occurred at 8:00 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George L. Hawkins Jr. M.D. (Degree or title)
22b. ADDRESS 607 N Grand.
22c. DATE SIGNED Nov 30 56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec. 5 1956
23c. NAME OF CEMETERY OR CREMATORY Warrenton Memorial
23d. LOCATION (City, town, or county) (State) Warrenton Mo

24. FUNERAL DIRECTOR Arthur C. Bauer — ADDRESS St Charles Mo
25. DATE RECD. BY LOCAL REG. DEC 4 1956
26. REGISTRAR'S SIGNATURE H. Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Arthur C. Bane.....

Licensed Embalmer No. 3.

P. O. Address St Cha

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.