

FILED SEP 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33428
STATE FILE NUMBER
1003
Registration District No. 318 Primary Registration District No. Registrar's No. 8773

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 37 Bernard Nursing Home		d. STREET ADDRESS 4943 Lindell Blvd	
3. NAME OF DECEASED (Type or print) First Middle Last MARGARET HALL DRUMMOND		4. DATE OF DEATH Month Day Year 9 17 1957	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC 7 1861
9. AGE (In years last birthday) 95	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (City and state or country) New York City, New York		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Thomas Lyon Hamilton		14. MOTHER'S MAIDEN NAME Margaret Hall	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no NONE		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT Kenneth Drummond, 71 Arundel Place		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease DUE TO (b) arteriosclerosis, general 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	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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." _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 May 1944 to Sept 17 57 and last saw her/him alive on Sept 14 57 Death occurred at 10:15 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Samuel H. Grant M. D.		22b. ADDRESS 114 N. Taylor Ave	
22c. DATE SIGNED 9/18/57		23a. BURIAL, CREMATION, REMOVAL (Specify) removal	
23b. DATE 9/19/57		23c. NAME OF CEMETERY OR CREMATORY Kensico Cemetery	
23d. LOCATION (City, town, or county) (State) Kensico, New York		24. FUNERAL DIRECTOR C. R. Lupton & Sons-7233 Delmar	
25. DATE RECD. BY LOCAL REG. SEP 18 57		26. REGISTRAR'S SIGNATURE J. Carl Smith MD	

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RAIL

114 N. TAYLOR
-After 1:00 P.M. Wednesday-
4:00 P.M.

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 *Clarence H. Mc...*

Licensed Embalmer No. *4*
P. O. Address *St. Louis*

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.