

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041486

STATE FILE NUMBER

FILED NOV 20 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10765

300  
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>1815 Newstead Ave</i>		d. STREET ADDRESS (If outside, give location) <i>1815 South Newstead Ave</i>	
Length of stay in lb <i>30 years</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Bertha</i> Middle <i>F.</i> Last <i>Drabelle</i>		4. DATE OF DEATH Month <i>Nov.</i> Day <i>8</i> Year <i>1958.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>Jan. 28, 1879</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Stenographer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>City of St. Louis</i>	11. BIRTHPLACE (City and state or country) <i>Sauford, Kentucky</i>
13a. FATHER'S NAME <i>Franklin</i>		13b. MOTHER'S MAIDEN NAME <i>Sauford</i>	13c. NAME OF HUSBAND OR WIFE <i>John Wesley Drabelle</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>300-34-7858</i>	17. INFORMANT Address <i>Chas. Ransom 4516 Shenandoah Ave</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary embolus</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 4 hrs</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<i>4201</i>
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <i>11-6-58</i> to <i>11-8-58</i> and last saw her alive on <i>11-7-58</i> Death occurred at <i>8 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>E.H. Bowden M.D.</i> (Degree or title)		22b. ADDRESS <i>634 N. Grand</i>	22c. DATE SIGNED <i>11-10-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Entombment</i>	23b. DATE <i>Nov. 11, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Mausoleum</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo</i>
24. FUNERAL DIRECTOR ADDRESS <i>Bull-Campbell Mortuary 5165 Delmar</i>		25. DATE RECD. BY LOCAL REG. <i>NOV 10 '58</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

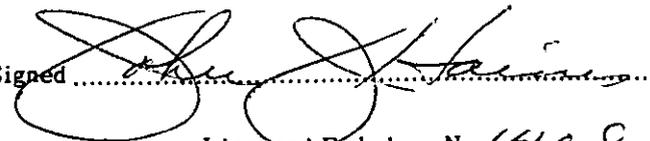
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

**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  .....

Licensed-Embalmer No. 44108 .....

P. O. Address Marion, N.C. .....

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.