

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-019115  
STATE FILE NUMBER  
2 4906

FILED JUN 1 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar No. 4906

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ST. LOUIS</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1244 CHESTNUT</u>		Length of stay in lb	d. STREET ADDRESS <u>4659 ALEXANDER</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>JOSEPH A. DRAPP</u>			4. DATE OF DEATH Month Day Year <u>MAY 18 1959</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG. 14, 1901</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HINDEN DAUCH BOX</u>	11. BIRTHPLACE (City and state or country) <u>ST. LOUIS MO</u>
13a. FATHER'S NAME <u>ADOLPH F. DRAPP</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ANN SPATHELFER</u>	14. NAME OF HUSBAND OR WIFE <u>ESTELLE V. DRAPP</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-10-0445</u>	17. INFORMANT Address <u>ESTELLE DRAPP 4659 ALEXANDER</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypertensive heart disease</u> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 / 59 +</u>  <u>443+</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <u>March 2, 1959</u> to <u>May 18, 1959</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>April 6, 1959</u> Death occurred at <u>5</u> <u>P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Bernard T. Koon, M.D.</u>		(Degree or title)	22b. ADDRESS <u>4268 Deloit Street, St. Louis 16, Mo.</u>
22c. DATE SIGNED <u>5/20/59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>MAY 21, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Co. Mo</u>
24. FUNERAL DIRECTOR <u>Thomas Rutia</u>		ADDRESS <u>2906 Gravois</u>	25. DATE RECD. BY LOCAL REG. <u>MAY 20 '59</u>
		26. REGISTRAR'S SIGNATURE <u>Paul Smith, M.D.</u>	

USE ONLY BLACK INK OR RIBBON. REWRITE IF POSSIBLE. MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

mjb

New 1-3434  
til 3:55 pm  
1-6:00 pm

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 James C. Hill

Licensed Embalmer No. 4347  
P. O. Address 2906 Davis

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.