

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019830
STATE FILE NUMBER

FILED JUN 9 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1438

5. 300
1-57

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Mo. b. COUNTY Hazelwood | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton | | c. CITY OR TOWN Hazelwood 4000 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hosp DOA | | d. STREET ADDRESS (If outside, give location) 7314 Hazelwood | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last Mark Draper | | | 4. DATE OF DEATH Month Day Year May 23 1959 | | |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Sept. 29 1956 | 9. AGE (In years last birthday) 2 | FUNDER 1 YEAR Months 7 Day 24 | IF UNDER 24 HRS. Hours Min. |
|----------------|---------------------------|---|-----------------------------------|--------------------------------------|----------------------------------|--------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) St. Louis Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Douglas Draper | 13b. MOTHER'S MAIDEN NAME Adele Wurdack | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Douglas Draper | Address 7314 Hazelwood |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Penetrating puncture wounds (canine and incisor type) from dogs lacerating right and left jugular leading to air embolism and hemorrhage; shock due to multiple lacerations from teeth and claws of contributory nature | | INTERVAL BETWEEN ONSET AND DEATH |
| DUE TO (b) _____ | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 9280 27 |

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| 20a. ACCIDENT <input checked="" 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.) Attacked and killed by pack of dogs |
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| 20c. TIME OF INJURY Hour 10:00 a.m. Month, Day, Year 5/23/59 | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) exterior, rear of home | 20e. CITY, TOWN, OR LOCATION Hazelwood | 20f. COUNTY St. Louis | 20g. STATE Missouri |
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| 21. I attended the deceased from _____, to _____, and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated. | |
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| 22a. SIGNATURE <i>Raymond Ham</i> (Degree or title) Coroner | 22b. ADDRESS Clayton, Mo. | 22c. DATE SIGNED 5/29/59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE May 25, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Calvary | 23d. LOCATION (City, town, or county) (State) St. Louis Mo. |
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| 24. FUNERAL DIRECTOR Ortmann F. Home | ADDRESS 9222 Lackland | 25. DATE RECD. BY LOCAL REG. 5-24-59 | 26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i> |
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *A. C. Distmann*

Licensed Embalmer No. *3478*

P. O. Address

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.