

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022840

STATE FILE NUMBER

Registration District No. 3 No. 6208

FILED JUL 13 1959

Registration District No. Primary Registration District No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6910 Oleatha		Length of stay in 1b 33 years	d. STREET ADDRESS (If outside, give location) 6910 Oleatha		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First David Middle T. Last Draper			4. DATE OF DEATH Month June Day 29 Year 1959		
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 21, 1884	9. AGE (In years birthday) 74	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) Retired service Mgr.		10b. KIND OF BUSINESS OR INDUSTRY Drees Shade Co.	11. BIRTHPLACE (City and state or country) Henderson, Ky.	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Newton J. Draper		13b. MOTHER'S MAIDEN NAME Catherine Manion		14. NAME OF HUSBAND OR WIFE Caroline M. Draper	
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. 492-05-3651		17. INFORMANT Address Newton J. Draper, 2319 S. Brentwood Blvd.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute Congestive Heart Failure DUE TO (b) arteriosclerotic Heart Disease 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					INTERVAL BETWEEN ONSET AND DEATH 10 days 2 yrs.
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.) ITEM 23A, 23C, 23D CORRECTED BY AFFIDAVIT OF Funeral Director 7-23-59 JEL			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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.)	
20d. INJURY OCCURRED WHILE AT <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 April 10, 1956 to June 29, 59 and last saw him alive on June 24, 1959 Death occurred at 8:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Michael Sulak M.D.			22b. ADDRESS 9012 Manchester Rd		22c. DATE SIGNED 6-30-59
23a. CEMETERY, CREMATION, REMOVAL (Specify) Funeral		23b. DATE 7/1/1959	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery St. Peter and Paul		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo. St. Louis, Missouri
24. FUNERAL DIRECTOR ADDRESS Hoffmeister Colonial Mortuary		25. DATE RECD. BY LOCAL REG. JUN 30 '59		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

6464 Chippewa St., St. Louis, Mo.

7m9B

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

John J. Henneke

Licensed Embalmer No. *4194*

P. O. Address *St. Louis*

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.