JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–030937

FILED WS AUG 26 1959

NDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2083 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D. O. A. ST. LOUIS COUNTY HOSPITAL
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY
c. CITY OR TOWN ST. LOUIS
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1805 Hickory
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First BILLY Middle RAY Last DRENNAN Jr.
4. DATE OF DEATH Month AUGUST Day 1 Year 1959
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 6/29/54
9. AGE (last birthday) 5
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME BILLY RAY DRENNAN Sr.
13b. MOTHER'S MAIDEN NAME SALLY MATTINGLY
14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Sally Drennan, 1805 Hickory Address St. Louis, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Drowning
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Drowned in Meramec River at end of Tonkins Road while wading and apparently stepped into deeper water
20c. TIME OF INJURY Hour 6:30 p.m. Month, Day, Year 8/1/59
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Meramec River
20f. CITY, TOWN, OR LOCATION Club City COUNTY St. Louis STATE Missouri

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.

BY AFFIDAVIT OF

22a. SIGNATURE [signature] (Degree or title) Coroner
22b. ADDRESS Clayton, Mo.
22c. DATE SIGNED 8/6/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 8/5/1959
23c. NAME OF CEMETERY OR CREMATORY St. Trinity Lutheran
23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR McLAUGHLIN'S, ADDRESS 2301 Lafayette Ave. St. Louis 4, Mo.
25. DATE RECD. BY LOCAL REG. 8-3-59
26. REGISTRAR'S SIGNATURE [signature] M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed H. G. Farris

Signature of Student Embalmer

Licensed Embalmer No. 3384

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.