IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 14 1960

-60-032127

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8927

NDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 3 wks.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Deaconess Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN: University City
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 7331 Lindell Blvd.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Mary Middle: Drury Last:
4. DATE OF DEATH: Month: 9 Day: 7 Year: 60
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3/30/75
9. AGE (last birthday): 85
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Virden, Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Jacob Noll
13b. MOTHER'S MAIDEN NAME: Mary Dietz
14. NAME OF HUSBAND OR WIFE: Schuyler Drury
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: Address: Mr. Lewis J. Drury, 11 S.Dellwood

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): Myocardial Infarction, Acute - Septal — INTERVAL BETWEEN ONSET AND DEATH: 1 Month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — 5 years
DUE TO (c): 420.0

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.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 13 Aug '60, to 7 Sept 60 and last saw her/~~him~~ alive on 7 Sept 60
Death occurred at 6:00 p m on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE: John L. Shumer (Degree or title) MD
22b. ADDRESS: 35 No Central Clayton 5 Mo
22c. DATE SIGNED: 9-9-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): removal-Motor
23b. DATE: 9/10/60
23c. NAME OF CEMETERY OR CREMATORY: Virden Cemetery
23d. LOCATION (City, town, or county) (State): Virden, Ill.
24. FUNERAL DIRECTOR: Drehmann-Harral ADDRESS: 1905 Union
25. DATE RECD. BY LOCAL REG.: SEP 10 1960
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

DOCUMENT

Pa. 6-1166

Hrs. 2-6 til 6 PM Thurs. Fri.

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_____
Signature of Student Embalmer

Signed Warren A. Carl

Licensed Embalmer No. 353

P. O. Address_____

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