

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003684

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1072** STATE FILE NUMBER

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>                                       |  | Length of stay in 1b<br><b>11 days</b>   | c. CITY OR TOWN <b>Affton</b><br>Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Louis Little Rock Hospitals, Inc.</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>9512 Radio Drive</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

|  |                                  |   |   |   |   |
|--|----------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Walter</b> Middle <b>Edward</b> Last <b>Drake</b>  |                                  |   | 4. DATE OF DEATH<br>Month <b>Jan</b> Day <b>22</b> Year <b>1962</b> |   |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>1-19-1881</b>                                | 9. AGE (last birthday)<br><b>81</b>   | IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Clerk-Railway Mail Service</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>St. Louis, Mo.</b>  | 11. BIRTHPLACE (City and state or country)<br><b>U.S.A.</b>         | 12. CITIZEN OF WHAT COUNTRY   |   |
| 13a. FATHER'S NAME<br><b>Eddy Drake</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Louise Cope</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>wife- Fannie J. Drake</b>                 |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service)<br><b>No None</b>             |                                  | 16. SOCIAL SECURITY NO.   |   | 17. INFORMANT Address<br><b>Edward J. Drake 160 Cornelius-Glendale, Mo.</b> |   |

|   |  |  |  |                 |
|---|--|--|--|-----------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute Myocardial Infarction</b>      |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 hr</b>  |                 |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <b>Coronary Arteriosclerotic Heart Dis.</b> |  |  | <b>4 Months</b> |
|   | DUE TO (c) <b>Generalized Arteriosclerosis</b>         |  |  | <b>10 yrs</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>420.1</b> |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                 |

|  |   |  |              |
|--|---|--|--------------|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>      | 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.) |              |
| 20c. TIME OF INJURY<br>Hour a.m. p.m. Month, Day, Year   |   | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)     |              |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   | 20f. CITY, TOWN, OR LOCATION   | COUNTY STATE |

21. I attended the deceased from **Sept. 1961** to **Jan 22 62** and last saw him alive on **1-22-62**  
Death occurred at **7 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                   |  |                                    |
|---|-------------------|--|------------------------------------|
| 22a. SIGNATURE<br><b>Johna Carner, MD</b> | (Degree or title) | 22b. ADDRESS<br><b>1755 So. Grand Ave.</b> | 22c. DATE SIGNED<br><b>1-23-62</b> |
|---|-------------------|--|------------------------------------|

|   |                                   |   |   |
|---|-----------------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> | 23b. DATE<br><b>Jan. 25, 1962</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Sunset Burial Park</b> | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co. Mo.</b> |
|---|-----------------------------------|---|---|

|   |                        |  |  |
|---|------------------------|--|--|
| 24. FUNERAL DIRECTOR<br><b>Krieghauser Mortuary S. Kingshighway</b> | ADDRESS<br><b>4228</b> | 25. DATE RECD. BY LOCAL REG.<br><b>JAN 24 1962</b> | 26. REGISTRAR'S SIGNATURE<br><b>Paul Smith, M.D.</b> |
|---|------------------------|--|--|

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

**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

*R. W. Loveland*

Licensed Embalmer No. 4007

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: