

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026611

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1756

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
1 <u>4000</u>						
2 <u>2067</u>						
3						
4 <u>2</u>						
5 <u>1</u>						
6						
7 <u>1</u>						
8 <u>2</u>						
9 <u>X</u>						
10						
11 <u>400</u>						
12 <u>92-3</u>						
13						
91.	SHOULD READ					
USE BLACK INK OR TYPEWRITER RIBBON						

FILED JUN 17 1963

1. PLACE OF DEATH
 a. COUNTY ST. LOUIS
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b DOA
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS County 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 ST. LOUIS Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 2742 1/2 Goodfellow Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Ellis Middle S. Last Drewery 4. DATE OF DEATH Month May Day 29 Year 1963

5. SEX Male 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH April 16, 1916 9. AGE (last birthday) 47 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe repair 10b. KIND OF BUSINESS OR INDUSTRY Shoe repair 11. BIRTHPLACE (City and state or country) New Albany, Miss 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Seabron Drewery 13b. MOTHER'S MAIDEN NAME Lucia James 14. NAME OF HUSBAND OR WIFE Lillian Drewery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes War II 17. INFORMANT Lillian Drewery Address 2742 1/2 Goodfellow

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Crush injury of chest
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
 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.) 1 car accident - driver

20c. TIME OF INJURY Hour 3:15 p.m. Month, Day, Year 5/28/63

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.) 60 highway 20f. CITY, TOWN, OR LOCATION St. Louis COUNTY Missouri STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at DOA Co. Hosp. 4:08 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Raymond H. Hain Coroner 22b. ADDRESS Clayton, Missouri 22c. DATE SIGNED 6/7/63

23a. BURIAL, CREMATION, OR REMOVAL IS TO BE MADE AT Dunn Funeral Home 23b. DATE June 3, 1963 23c. NAME OF CEMETERY OR CREMATORY National Cemetery 23d. LOCATION (City, town, or county) J. B. Mo.

24. FUNERAL DIRECTOR ADDRESS Dunn Funeral Home 3847 Page 25. DATE RECD. BY LOCAL REG. 6-3-63 26. REGISTRAR'S SIGNATURE John M. Murphy

STATE OF OHIO
DEPT. OF HEALTH

OCT 23 1963

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 Arthur L. Hollnaid

Licensed Embalmer No. 44221

P. O. Address 3100 Easton Ave

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.