

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED AUG 20 1946 STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 160

Primary Registration District No. 3029

Registrar's No. 521

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Crystal City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 35 y.m.
years, months or days

3. (a) PRINT FULL NAME Philomena Mary Drury
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Damon Drury 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 31 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Bloomsdale Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Adolph Carron
13. Birthplace Bloomsdale Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Lavinn
15. Birthplace Baden Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Loretta Drury
(b) Address Crystal City Mo.

17. (a) Burial (b) Date thereof 7-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus Catholic Ch.

18. (a) Signature of funeral director H. S. Tinsford

(b) Address Festus Mo.

19. (a) July 18, 1946 (b) Charles Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Crystal City
(If outside city or town limits, write "RURAL")
(d) Street No. 301 Taylor Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1946 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 14 to July 17 1946
that I last saw her alive on July 16 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Hypertension + Atherosclerosis
Due to arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 30
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Charles Brown Address Crystal City Mo. Date signed July 18, 1946

Duration

7 days
5 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 28 1950

RECEIVED
District Health Officer No. 9,
District File Number 8-46768
Date Filed 8-17-46

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

H. H. W. W.

Licensed Embalmer No. 3010

P. O. Address 75th 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 this body is not embalmed, fact should be so stated above.