

CERTIFICATE OF DEATH
FLORIDA

STATE FILE NO. 63-034538

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH a. COUNTY BROWARD		CODE NO. 16-027	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE FLORIDA b. COUNTY BROWARD	
b. CITY, TOWN, OR LOCATION DANIA		c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	c. CITY, TOWN, OR LOCATION HOLLYWOOD	
d. NAME OF HOSPITAL OR INSTITUTION NORTH FEDERAL HIGHWAY		e. LENGTH OF STAY IN ¹⁸ 5 MINS.	d. STREET ADDRESS 1018 NORTH 25th AVENUE	
3. NAME OF DECEASED (Type or print) First Middle Last KARL AUGUST DREWS			4. DATE OF DEATH Month Day Year AUGUST 15, 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 22, 1920	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PROFESSIONAL BALL PLAYER		10b. KIND OF BUSINESS OR INDUSTRY BASEBALL	11. BIRTHPLACE (State or foreign country) NEW YORK	
13. FATHER'S NAME KARL F. DREWS			14. MOTHER'S MAIDEN NAME ANNA THIEL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. 175-14-9234	17. INFORMANT'S SIGNATURE <i>X Nancy Drew</i> Address 1018 N. 25th Ave. Hollywood, Fla.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock AND HEMORRHAGE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) MULTIPLE FRACTURES DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____			INTERVAL BETWEEN ONSET AND DEATH
20a. (Probably) ACCIDENT <input checked="" 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.) PEDESTRIAN STRUCK BY MOTOR VEHICLE	
20c. TIME OF INJURY Hour a. m. 5:21 P.M. Month, Day, Year 8/15/63			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY	20f. CITY, TOWN, OR LOCATION COUNTY STATE DANIA BROWARD FLA
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 5:21 A _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>R. K. Hudson MD</i> (Degree or title)		22b. ADDRESS Ft Lauderdale, Fla	22c. DATE SIGNED 8/15/63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8/19/1963	23c. NAME OF CEMETERY OR CREMATORY HOLLYWOOD MEM. GARDENS	23d. LOCATION (City, town, or county) (State) BROWARD COUNTY, FLORIDA

24. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS WINTIER FUNERAL CHAPEL	25. DATE RECD. BY LOCAL REG. Aug 17 1963	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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