

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003
 City St. Louis, Mo. (No. 2706 Madison St.)

41808
 File No.
 Registered No. 10896
 St. Ward)

2. FULL NAME

George Droege
 (a) Residence, No. 2706 Madison St. St. 20 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Droege</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 13 - 1873</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>5</u>
	DAYS <u>24</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>Sea Engineer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>34</u>	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
MOTHER	13. NAME <u>Olivia Droege</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Mary Schaefering</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Emma Droege</u> (ADDRESS) <u>2706 Madison St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Helens</u> DATE <u>Dec 10</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>H. J. Leidner and Co</u> <u>1417 N. Market St.</u>		
20. FILED DEC - 8 1932 <u>W. H. Thomas</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7th 1932

22. I HEREBY CERTIFY that I attended deceased, from Nov 27th 1932 to December 7th 1932
 I last saw h. alive on December 7th 1932 Death is said to have occurred on the date stated above, at 4²⁰ P. m.
 The principal cause of death and related causes of importance were as follows:
acute myocardia
93A
 Other contributory causes of importance:
POW

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury (V)

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) Dr. Robert Greider M. D.
 (Address) 1012 Bay View

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1012. 10/12/1902