

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

Do not use this space.

SEP 15 1936

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 6621 Marquette Ave.)

File No. 32690
Registered No. 8563
St. Ward)

2. FULL NAME Bernard J. Droppelman

(a) Residence, No. 6621 Marquette Ave. St. 3 Ward.

(Usual place of abode) (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>Marcella Droppelman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 16, 1901</u>		
7. AGE YEARS <u>35</u>	MONTHS <u>0</u>	DAYS <u>1</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Police Officer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Metropolitan Dept.</u>
	10. Date deceased last worked at this occupation (month and year) <u>8-17-36</u>

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

MOTHER FATHER 13. NAME Bernard J. Droppelman

14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

15. MAIDEN NAME Catherine Roehling

16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

17. INFORMANT Mrs. Marcella Droppelman
(ADDRESS) 6621 Marquette Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul Com. DATE 8-20-36

19. UNDERTAKER Kriegshauser Mortuaries
(ADDRESS) 4228 So. Kingshighway

20. FILED AUG 17 1936
J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1936, to Aug 17, 1936
I last saw h. alive on Aug 17, 1936 at 5 A.M. Death is said to have occurred on the date stated above, at 5 A.M.
The principal cause of death and related causes of importance were as follows:

Coronary atherosclerosis

Other contributory causes of importance:

Obesity

Name of operation..... Date of.....
What test confirmed diagnosis? Obesity Was there an autopsy? no

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.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) P. B. Cappel, M. D.
(Address) 3239 P. ...

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.

