

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

20969  
Do not use this space.

**1. PLACE OF DEATH** DEC 13 1937

(a) County ..... Registration District No. 791  
 (b) Township ..... Primary Registration District No. 1003  
 (c) City St. Louis (d) Street No. 4141a Cleveland ..... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Minnie A. Drochter

(a) Residence, No. 4141a Cleveland St. 17  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Female      **4. COLOR OR RACE** White      **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED**  
 HUSBAND OF Peter A. Drochter  
 (OR) WIFE OF

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Nov. 5, 1867

<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>If LESS than 1 day, ..... hrs. or ..... min.</b>
<u>75</u>	<u>70</u>	<u>0</u>	<u>20</u>	

**8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.** Housewife

**9. Industry or business in which work was done, as saw mill, bank, etc.**

**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)** Silex Missouri

**13. NAME** William Norton

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Austria

**15. MAIDEN NAME** Unknown

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

**17. INFORMANT (ADDRESS)** Clementine Drochter 4141a Cleveland Avenue

**18. BURIAL, CREMATION, OR REMOVAL** New SS. Peter & Paul, Nov. 29, 1937

**19. FUNERAL DIRECTOR (ADDRESS)** Heuck Bros. 2201 So. Grand Blvd.

**20. FILER** NOV 27 1937 J. Bredeck  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Dec 25 1937

**22. I HEREBY CERTIFY, That I attended deceased from** Sept 26, 1937, to Nov 25, 1937.  
 I last saw her alive on Nov 25, 1937. Death is said to have occurred on the date stated above, at 11 A. m.  
 The principal cause of death and related causes of importance were as follows:

myocardial chronic

Other contributory causes of importance:  
Nephritis chronic

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 .....

**24. Was disease or injury in any way related to occupation of deceased?**  
 If so, specify (Signed) Joseph Gite, M. D.  
 (Address) 3636 Webster

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.

I X12004

3636 Robert St.  
9-10:30 a. 12-38

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

\_\_\_\_\_ Licensed Embalmer No. \_\_\_\_\_

**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.)**