

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

Do not use this space.

37
6

JAN 18 1938

1. PLACE OF DEATH
 County Gasconade Registration District No. 503 File No. 45307
 Township Herman Primary Registration District No. 4182 Registered No. _____
 City Herman (No. _____) St. _____ Ward _____
 2. FULL NAME Minnie Drusch
 (a) Residence, No. 6th Mozart St., _____ Ward _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Herman Drusch</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 25-1868</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>1</u>
	DAYS <u>6</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>Chief</u>	11. Total time (years) spent in this occupation <u>50</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <u>11/30/37</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stape Mo</u>		
MOTHER	13. NAME <u>Unknown Messing</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stape Mo</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Lucille Drusch</u> (ADDRESS) <u>Herman Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Herman City, Mo</u> DATE <u>Dec 5 1937</u>		
19. UNDERTAKER <u>Hugh Blumber</u> (ADDRESS) <u>Herman Mo</u>		
20. FILED <u>12-5</u> 19 <u>37</u> <u>Anna R. Kiedhoff</u> Registrar		

Mrs. Minnie Drusch
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1937, to Dec 1, 1937
 I last saw h. alive on Dec. 1, 1937. Death is said to have occurred on the date stated above, at 2:50 p.m.
 The principal cause of death and related causes of importance were as follows:
Acute insufficiency
Acute bronchitis
 Date of onset unknown
 Other contributory causes of importance: Nov 26, 1937

Name of operation: _____ Date of _____
 What test confirmed diagnosis? Schick test 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? No
 If so, specify _____
 (Signed) W. A. Peter, D.O.
 (Address) Herman, Mo.

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

