DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 16 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33644

Registration District No. 791

Primary Registration District No.

Registrar's No. 8344

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis. Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Lukes. Hospital. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis. (If outside city or town limits, write "RURAL")

(d) Street No. 5896. Cabanne Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Florence B. Drochelman.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HARRY C. DROCHELMAN

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased NOV. (Month) 18TH (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
56.	10	18	hr. min.

9. Birthplace MO (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

MOTHER
12. Name JAMES SIMMONS.
13. Birthplace IRELAND. (City, town, or county) (State or foreign country)

FATHER
14. Maiden name MARGARET O'CALLAHAN
15. Birthplace IRELAND. (City, town, or county) (State or foreign country)

16. (a) Informant Harry C. Drochelman
(b) Address 5896 CABANNE AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-8-1940 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY.

18. (a) Signature of funeral director L. M. Mullin
(b) Address 5165 DELMAR BLVD.

19. OCT 7 1940 (Date received by registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6
year 1940 hour 2:00 minute 00 A.M.

21. I hereby certify that I attended the deceased from Jan 15, 1938, to Oct 6, 1940, that I last saw her alive on Oct 5, 1940, and that death occurred on the date and hour stated above.

Cause	Duration
Immediate cause of death: Bronchiectasis, bilateral	many years
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Sumner Beam (M. D. or other)
Address 3720 Washington Date signed 10/7/40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed John Fetter

Licensed Embalmer No. 3880

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.