

No. 2  
4-13-40  
5-17-39  
I X23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

BUREAU OF THE CENSUS  
MAY 25 1941

# STANDARD CERTIFICATE OF DEATH

State File No. **5064**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **1312**

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

**1. PLACE OF DEATH:** **St. Louis, Missouri**

(a) County.....

(b) City or town.....

(c) Name of hospital or institution: **City Sanitarium 2**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **19 yrs. 2 mo. 7 da**  
**42 yrs. 9 mo. 16 days.** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County.....

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

(d) Street No. **2829 Hickory St.** (If rural, give location)

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

**3. (a) PRINT FULL NAME:** **ANNA I. DROKE**

**3. (b) If veteran, name war:** **None** **3. (c) Social Security No.:** **None**

**4. Sex:** **Female** **5. Color or race:** **White** **6. (a) Single, widowed, married, divorced:** **Married**

**6. (b) Name of husband or wife:** **Wilmer Droke** **6. (c) Age of husband or wife if alive:** **48** years

**7. Birth date of deceased:** **4-22-1898**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>42</b>	<b>9</b>	<b>16</b>	hr. min.

**9. Birthplace:** **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** **Housework**

**11. Industry or business:** **Housework**

**12. Name:** **J. Seifried**

**13. Birthplace:** **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)

**14. Maiden name:** **Unknown** **Unknown**

**15. Birthplace:** **Unknown, Unknown**  
(City, town, or county) (State or foreign country)

**16. (a) Informant:** **P. Degeerd**

**(b) Address:** **5300 Arsenal St**

**17. (a) Burial** (b) Date thereof: **2 4**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place:** burial or cremation **Cuba, Missouri**

**18. (a) Signature of funeral director:** **E. J. Schurr**

**(b) Address:** **3125 Lafayette Av**

**19. (a) FEB 9 1941** (b) **J. Bredbeck**  
(Date received local registrar) (Registrar's signature)

**20. DATE OF DEATH:** Month **Feb.** day **7**  
year **1941** hour **4:45** minute **P. M.**

**21. I hereby certify that I attended the deceased from:** **7-1-39**, 19... to **2-7-41**, 19...  
that I last saw him alive on **2-7-41**, 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

**Pulmonary Tuberculosis**  
Due to **10-5-40**

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy..... **No.**

**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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

**23. Signature:** **J. Bredbeck** (M. D. or other)

**Address:** **5300 Arsenal St** **Date signed:** **2/8/41**

**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..... *Jos B. Vollmer*

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

**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.)**

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