

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **3801**

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis Mo.**
(c) Name of hospital or institution: **3424 Connecticut St.**
(d) Length of stay: In hospital or institution.....
In this community **Life**

3. (a) PRINT FULL NAME **ANTON DROSTE**

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

4. Sex **Male (1)** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married!**

6. (b) Name of husband or wife **Anna Droste** 6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **April 18th 1878**

8. AGE: Years **63** Months **15** Days **15** If less than one day hr. min.

9. Birthplace **St. Louis Mo.**

10. Usual occupation **Plasterer**

11. Industry or business **retired 5 or 6 yrs.**

12. Name **Henry Droste**

13. Birthplace **Holland**

14. Maiden name **Unknown**

15. Birthplace **Holland**

16. (a) Informant **Anna Droste**

(b) Address **3424 Connecticut St.**

17. (a) **Burial** (b) Date thereof **May 6/41**

(c) Place: burial or cremation **New St Marcus**

18. (a) Signature of funeral director **Hospitatis & Son**

(b) Address **2906 Grayoils Ave.**

19. (a) **MAY 5 1941** (b) **J. H. Brudick**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **JCO**
(c) City or town **St. Louis**
(d) Street No. **3424 Connecticut St.**
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **3** year **1941** hour **5 30** P.M. minute. M.

21. I hereby certify that I attended the deceased from **April 15-1941** to **May 3 1941** that I last saw him alive on **May 3 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**
Due to **Hypertension**
Due to **Chronic Myocarditis**
Other conditions **Chronic Myocarditis**

Major findings: Of operations..... Of autopsy.....

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **no**
(b) Date of occurrence **no**
(c) Where did injury occur?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **no**

While at work?..... (Specify type of place) (e) Means of injury **D**
23. Signature **B. J. Mc Ferris** (M. D. or other)
Address **2602 S. Grand** Date signed **5/3/41**

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

MOTHER FATHER

20
17
9

5

St. Helens
Grand & Liberty 11th H. M.

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.....

Leo Budde

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Leo Budde

Licensed Embalmer No. *3989*

P. O. Address. *St. Louis, Mo.*

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.