

No. 2  
1-4-41  
17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **36100**  
Registrar's No. **2036**

FILLED OCT 28 1941

Registration District No. **788**

Primary Registration District No. **115**

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

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
8025 Blackberry Lane.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Amenda M. Droste  
 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 Edward Droste  
 6. (c) Age of husband or wife if alive 76 years  
 7. Birth date of deceased Mar. 6 1868  
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 28  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown Kriete  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Williams  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Green  
 (b) Address 8025 Blackberry Pl.

17. (a) Burial (b) Date thereof 10-7-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Drehmann-Harral  
 (b) Address 1905 Union Blvd.

19. (a) OCT 6 - 1941 (b) E. H. Mc. Larran  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mo. 56  
 (c) City or town University City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 8025 Blackberry La.  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 4  
 year 1941 hour 8 minute \_\_\_\_\_ P.A.M.

21. I hereby certify that I attended the deceased from 9-20-41 to 10-4-41  
 that I last saw him alive on 10-3-41  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to 8301

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? \_\_\_\_\_

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

23. Signature Henry J. Ray (M. D. or other)  
 Address 3519 Weber Date signed 10-6-41

(Licensed Embalmer's Statement on Reverse Side)

3519 McHenry  
-10-12  
2-4 P.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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Warren A. Carver  
Licensed Embalmer No. 3534  
P. O. Address.....

**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.**