

FILED OCT 21 1942

Registration District No. ....

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County .....

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

(c) Name of hospital or institution:  
**404 9a St. Ferdinand Ave**  
(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 **Henry Droelle**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **492-01-5346**

4. Sex **male** (1) race **white**

5. Color or race **white**

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

6. (b) Name of husband or wife **Caroline Droelle**

6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **May 5 1887**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>55</b>	<b>5</b>	<b>8</b>	hr. <b>3</b> min.

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

10. Usual occupation **Shipping Clerk**

11. Industry or business .....

MOTHER FATHER { 12. Name **John Droelle**

13. Birthplace **unknown Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Ehle**

15. Birthplace **unknown Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Caroline Dr oelle**

(b) Address **4049a St. Ferdinand Ave**

17. (a) **burial** (b) Date thereof **10-10-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old SS. Peter & Paul**

18. (a) Signature of funeral director **[Signature]**

(b) Address **2228 St. Louis Ave**

19. (a) **OCT 9 1942** (b) **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State **Missouri** (b) County **12**

(c) City or town **St. Louis** **9 11**  
(If outside city or town limits, write "RURAL")

(d) Street No. **4049a St. Ferdinand Ave**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **8**  
year **42** hour **4** minute **30** a. M.

21. I hereby certify that I attended the deceased from **Sept. 16**, 19**40**, to **Oct. 8**, 19**42**  
that I last saw him alive on **Oct. 7**, 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**

Duration **2 years**

Due to **[Signature]**

Due to **[Signature]**

Other conditions **[Signature]**  
(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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? **[Signature]** (Specify type of place) (e) Means of injury **[Signature]**

23. Signature **Henry C. Westerman** (M. D. or other) **M.D.**  
Address **2136 East Grand Blvd** Date signed **10/9/42**

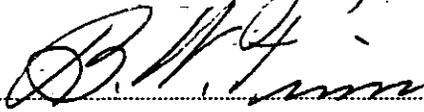
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**STATEMENT BY LICENSED EMBALMER**

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..... 

Licensed Embalmer No. 1591

P.O. Address 4106<sup>th</sup> Botanical

**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.**