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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35330
State File No.

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 9243

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Luke's O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community 1 day

2. USUAL RESIDENCE OF DECEASED: 499
(a) State Illinois (b) County Madison 19
(c) City or town Troy Rural Route I (If outside city or town limits, write "RURAL") U.N.R.
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Fred J. Druessel
3. (b) If veteran, name war None
3. (c) Social Security No. 350-14-3377
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband ~~or wife~~ Husband Marie Druessel
6. (c) Age ~~of husband~~ or wife if alive 54 years
7. Birth date of deceased Jan. (Month) 19 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
57	9	13	hr. min.

9. Birthplace Madison (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business General House
FATHER
12. Name John Druessel
13. Birthplace Madison (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Katie Beck
15. Birthplace Madison (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Marie Druessel
(b) Address R.R. I Troy Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/2/1942 (Month) (Day) (Year)
(c) Place: burial or cremation —
18. (a) Signature of funeral director Jewel Edwards
(b) Address Troy Illinois
19. (a) NOV 5 1942 (Date received local registrar) (b) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2 year 1942 hour 10 minute 20 A.M.
21. I hereby certify that I attended the deceased from 11-1-42, 19..., to 11-2-42, 19...; that I last saw him alive on 11-2-42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Failure	
Due to	
Due to	
Other conditions C.A. of Pharynx (Include pregnancy within 3 months of death)	

Major findings:
Of operations C.A. of Pharynx
Of autopsy No significant findings

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 Dr. F. C. Henry (M. D. or other) M.D.
Address St. Luke's Hosp. Date signed 11-2-42

(Licensed Embalmer's Statement on Reverse Side)

9243

9243

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

Not Embalmed, Registered-Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.