

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37719

State File No. _____

FILED DEC 8 1944

Registration District No. _____

Primary Registration District No. 5441

Registrar's No. 107

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Rural Third Creek Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Owensville Route
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire lifetime
years, months or days

3. (a) PRINT FULL NAME WILLIAM FRIEDRICH DRUSCH

3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 29 1875
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 25
If less than one day _____ hr. _____ min.

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

10. Usual occupation Common Laborer

11. Industry or business _____

12. Name Charles Drusch 11
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Wilhelmina Drusch
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Emil Drusch
(b) Address Blanch, Mo. Route

17. (a) Burial (b) Date thereof Nov. 26 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woolam Evangelical Ch.

18. (a) Signature of funeral director Michael H. N. Winter
(b) Address Owensville, Mo.

19. (a) Nov. 25 1944 (b) Myrtle M. Wenkel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Owensville Route
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24
year 1944 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct. 24, 1944, to Nov. 21, 1944.
that I last saw him alive on Nov. 21, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Infection Duration 2 mo.

Due to Blood poisoning of right foot and leg.
Due to _____

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

Major findings: 24a
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 Dr. H. P. Bradley (M. D. or other) D.O.
Address Owensville, Mo. Date signed 11-25-44

128 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 12-6-44

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 Me

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Melford H. N. Winter

Licensed Embalmer No. 3838

P. O. Address

Owensville, 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.