

S. No. 2  
M-5-43  
5-17-39  
X36671

UNITED STATES OF AMERICA  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **4163**  
Registrar's No. **2030**

**FILED MAR 14 1945**  
Registration District No. **318**

Primary Registration District No. \_\_\_\_\_

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

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution:  
Little Sisters of Poor  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-year  
(Specify whether \_\_\_\_\_)

In this community 35 years  
years, months or days

**3. (a) PRINT FULL NAME** Emily Neyrey Drouet

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

4. Sex F. | 5. Color or race W.

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

6. (b) Name of husband or wife Hubert M. Drouet 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased June 12th., 1876  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>68</u>	<u>8</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace New Orleans La.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

**MOTHER** { 12. Name Eugene Louise Neyrey

13. Birthplace Lille France  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Lange

15. Birthplace New Orleans La.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R.A. Willis

(b) Address 5893 Nina Place

17. (a) Burial (b) Date thereof 3-3-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) MAR 2 1945 (Date received local registrar)

[Signature] (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County St. Louis

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

(d) Street No. 5893 Nina Place  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 28th.,  
year 1945 hour 1 minute a. M.

21. I hereby certify that I attended the deceased from December 12, 1944 to February 28, 1945  
that I last saw her alive on February 27, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cor. - vas. w. renal disease

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

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

Other conditions None  
(Include pregnancy within 3 months of death)

**PHYSICIAN**

Major findings: Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(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? \_\_\_\_\_

23. Signature Bernard H. Holtz (M. D. or other) \_\_\_\_\_  
Address 2302 Salisbury St Date signed 3-1-45

**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 Stanley Marshall  
Licensed Embalmer No. 2868  
P. O. Address. 3845 Hindell

**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.**