

S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X38671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
U. S. GOVERNMENT PRINTING OFFICE: 1936  
STANDARD CERTIFICATE OF DEATH  
1003

11068

State File No. \_\_\_\_\_

Registrar's No. **2399**

**FILED** MAR 27 1946  
318  
Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution: Barnes Hospital, 0  
(If not in hospital or institution, write street number or location)

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

In this community 1 day  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 3891 McDonald  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Rose Droegemuller

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

4. Sex <u>F.</u>	5. Color or race <u>W.</u>	6. (a) Single, widowed, married, divorced <u>Widow</u>
6. (b) Name of husband or wife <u>Herman Droegemuller, Dec.</u>	6. (c) Age of husband or wife if alive _____ years	
7. Birth date of deceased <u>Unknown</u> (Month) (Day) (Year)		

8. AGE:	Years <u>70?</u>	Months _____	Days _____	If less than one day _____ hr. _____ min.
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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 11  
year 46 hour 1 minute 30 pm.

21. I hereby certify that I attended the deceased from 3-10, 1946 to 3-11, 1946, that I last saw her alive on 3-11, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death LOBAR PNEUMONIA AND Lung Abscess left LOWER LOBE

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

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy LOBAR PNEUMONIA AND Lung Abscess

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife

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

MOTHER, FATHER {

12. Name Unknown Bockstalla

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

14. Maiden name Unknown

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

16. (a) Informant Robert Wells (Nephew)  
(b) Address 64 Clermont Lane

17. (a) Cremation (b) Date thereof 3/12/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cremation Valhalla Cemetery

18. (a) Signature of funeral director Alexander Sons  
(b) Address 6175 Delmar

19. (a) MAR 12 1946 (Date received local registrar)  
[Signature] (Registrar's signature)

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) (Country) (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 FR Pralle (M. D. or other) \_\_\_\_\_  
Address Barnes Hospital, Date signed 3/11/46

(Licensed Embalmer's Statement on Reverse Side)

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

3930

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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. 2960

P. O. Address. 6175 Delmar

**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.**