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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18767
Registrar's No. 215

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County MISSOURI
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2632 RUSSELL /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2632 RUSSELL 9
23 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HENRY DROUVEN

3. (b) If veteran, name war
3. (c) Social Security No. 492-05-0218

4. Sex MALE (M) race WHITE
5. Color or 6. (e) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MURL 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased JUNE 9 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 11 17 hr. min.

9. Birthplace ST. LOUIS MO (City, town, or county) (State or foreign country)

10. Usual occupation SHIPPING CLERK

11. Industry or business PARAMOUNT SHOE CO

12. Name HUGO DROUVEN

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

14. Maiden name LENA SCHAEFER

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

16. (a) Informant MURL DROUVEN

(b) Address 2632 RUSSELL

17. (a) BURIAL (b) Date thereof MAY 29 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUNSET BURIAL PK.

18. (a) Signature of funeral director Thomas Kutis
(b) Address 2906 GRAVOIS

19. (a) MAY 26 1947 (Date received local registrar)
J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 26 year 1947 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 15th 1947 to May 26th 1947
that I last saw him alive on May 26th 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial infarction with coronary artery disease - Marked Cardiac enlargement
Due to: Myocardial infarction with coronary artery disease - Marked Cardiac enlargement
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration: about 20 yrs
Physician: [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) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: [Signature] (M. D. or other)
Address: 8266 Shawnee
Date signed: 5/26/47
While at work? (Specify type of place) (e) Means of injury

[Handwritten mark]

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..... *Harold C. Dill*

Licensed Embalmer No. *4347*

P. O. Address..... *2906 Dennis*

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.