

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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1003

State File No. 9978

2764

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MO</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) <u>LIFE TIME</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		d. STREET ADDRESS (If rural, give location) <u>3516 PESTALOZZI ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LUTHERAN HOSPITAL</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 25, 1949</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u>		b. (Middle) _____		c. (Last) <u>DROEGE</u>		5. SEX <u>FEMALE</u>	
6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>12-19-1870</u>		9. AGE (In years last birthday) <u>78</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED STENOGRAPHER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>FERDINAND DROEGE</u>			13b. MOTHER'S MAIDEN NAME <u>SOPHIA</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. HELENA S. GRIFFITH</u> ADDRESS <u>3516 PESTALOZZI ST.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemiplegia.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 mo.</u> <u>2 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>5/8</u> , 1947, to <u>3/25</u> , 1949, that I last saw the deceased alive on <u>3/25</u> , 1949, and that death occurred at <u>4 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles G. Obermayer M.D.</u> (Degree or title) _____				23b. ADDRESS <u>3103 Arsenal St.</u>		23c. DATE SIGNED <u>3/26/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-28-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BELLEFONTAINE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO</u>	
DATE REC'D BY LOCAL REG. <u>MAR 28 1949</u>		REGISTRAR'S SIGNATURE <u>J B Fuseler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WAGONER MORTUARY</u> ADDRESS <u>416 LINDELL BLVD.</u>			

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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

APR 22 1949

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Robert T. Sargeter

Licensed Embalmer No. 4290

P. O. Address 58 Louis, 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.