S. No. 300
Rev. 10.48

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

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10035
Registrar's No. 2401

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6608 Oakland Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2049
d. STREET ADDRESS (If rural, give location): 6608 Oakland Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): LOUISE
b. (Middle):
c. (Last): DROSTE

4. DATE OF DEATH (Month) (Day) (Year): Mar. 13 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: July 30, 1870
9. AGE (In years last birthday): 80 — If under 1 year: Months: Days: If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Morris Kuchenbuch
13b. MOTHER'S MAIDEN NAME: Christina Sudheimer
14. NAME OF HUSBAND OR WIFE: Late William Droste

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Elsa Droste
ADDRESS: 6608 Oakland Ave.

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) Chr. Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Since 1945

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Intra Trochanteric fracture R Right femur — Hobbled & Bed ridden walking or sit on Bed with out help & fell and hurt Right hip — Kraurosis Vulvae

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Jan 31, 1951
20. AUTOPSY? YES ☐ NO ☐

21a. ~~ACCIDENT~~ SUICIDE HOMICIDE (Specify): Fractured Right Femur.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): At Home
21c. (CITY, TOWN, OR TOWNSHIP): St Louis
(COUNTY): 000
(STATE): Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1 31 1951 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Got out of Bed with out help and fell and hurt Rt. hip

22. *I hereby certify that I attended the deceased from* 10/29, 1950 *to* 3/13, 1951, *that I last saw the deceased alive on* 3/12, 1951, *and that death occurred at* 7:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. Williamson D
(Degree or title): M.D.
23b. ADDRESS: 6336 Clayton Road.
23c. DATE SIGNED: 3/13/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 16, 1951
24c. NAME OF CEMETERY OR CREMATORY: New Bethlehem Cem.
24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG.: MAR 14 1951
REGISTRAR'S SIGNATURE: J B Santo
25. FUNERAL DIRECTOR'S SIGNATURE: Kriegshauser
ADDRESS: 4228 S. Kingshighway Bl.

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Edwin A. McDermott

Signed.....
Student Embalmer

Licensed Embalmer No. 3024

P. O. Address.....

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.