

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **36250**

**FILED DEC 13 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **65** PRIMARY REG. DIST. NO. **4113** Registrar's No. **38**

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>CHARITON</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>CHARITON</b> |  |
| b. CITY OR TOWN <b>BRUNSWICK</b>                 |  | c. CITY OR TOWN <b>BRUNSWICK</b>  |  |
| c. LENGTH OF STAY (in this place) <b>10 yrs</b>  |  | d. STREET ADDRESS (If rural, give location) <b>E. VINE ST</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>✓</b> |  |   |  |

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>FRED</b> b. (Middle) _____ c. (Last) <b>DRUPPEL</b>     |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>12 8 1955</b> |   |  |
| 5. SEX <b>MALE</b>   |  | 6. COLOR OR RACE <b>WHITE</b>                    |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>       |  |
| 8. DATE OF BIRTH <b>11-3-1878</b>  |  | 9. AGE (In years last birthday) <b>77</b>        |   | 10. UNDER 1 YEAR Months _____ Days _____                                    |  |
| 11. BIRTHPLACE (City and State or Foreign Country) <b>LIPPSTADT GERMANY</b>                                  |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>        |   | 13. UNDER 1 YEAR Hours _____ Mins _____                                     |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PLASTERER</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>RETIRED</b> |   | 11. BIRTHPLACE (City and State or Foreign Country) <b>LIPPSTADT GERMANY</b> |  |

|                                      |  |   |  |   |  |
|--------------------------------------|--|---|--|---|--|
| 13a. FATHER'S NAME <b>Don't Know</b> |  | 13b. MOTHER'S MAIDEN NAME <b>Don't Know</b> |  | 14. NAME OF HUSBAND OR WIFE <b>Don't Know</b> |  |
|--------------------------------------|--|---|--|---|--|

|  |  |                                     |  |  |  |
|--|--|-------------------------------------|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b> |  | 16. SOCIAL SECURITY NO. <b>NONE</b> |  | 17. INFORMANT'S SIGNATURE OR NAME <b>REV. FR. E. N. STORM</b> ADDRESS <b>BRUNSWICK</b> |  |
|--|--|-------------------------------------|--|--|--|

|   |  |  |  |  |  |                                  |  |
|---|--|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION                            |  |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PNEUMONIA</b>   |  | DUE TO (b) <b>Lymphoid infiltration of Lungs</b> |  |  |  | <b>7 days</b>                    |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |  | DUE TO (c) <b>Lymphosarcoma</b>                  |  |  |  | <b>2 yrs</b>                     |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  | <b>ANEMIA + Lymphocytosis</b>                    |  |  |  | <b>3 yrs</b>                     |  |

|                        |  |                                  |  |  |  |  |  |
|------------------------|--|----------------------------------|--|--|--|--|--|
| 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) (m.) |  | 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 **6/15/54**, 19\_\_\_, to **7/8/55**, 19\_\_\_, that I last saw the deceased alive on **7/8/55**, 19\_\_\_, and that death occurred at **2 A** m., from the causes and on the date stated above.

|  |  |                               |  |                                 |  |
|--|--|-------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE (Degree or title) <b>H. H. Stuard, M.D.</b> |  | 23b. ADDRESS <b>BRUNSWICK</b> |  | 23c. DATE SIGNED <b>12-9-55</b> |  |
|--|--|-------------------------------|--|---------------------------------|--|

|   |  |                             |  |  |  |  |  |
|---|--|-----------------------------|--|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b> |  | 24b. DATE <b>12-10-1955</b> |  | 24c. NAME OF CEMETERY OR CREMATORY <b>ST BENEFAKE CEM.</b> |  | 24d. LOCATION (City, town, or county) (State) <b>BRUNSWICK Mo.</b> |  |
|---|--|-----------------------------|--|--|--|--|--|

|  |  |  |  |      |  |   |  |
|--|--|--|--|------|--|---|--|
| DATE REC'D BY LOCAL REG. <b>12-10-55</b> |  | REGISTRAR'S SIGNATURE <b>Mildred Brano</b> |  | 56-8 |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>L. Weisich</b> ADDRESS <b>BRUNSWICK</b> |  |
|--|--|--|--|------|--|---|--|

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

No. 300  
10-48

0210

mm

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 L. M. Maeriel

Licensed Embalmer No. 823

P. O. Address Brunswick

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.