

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25490**
Registrar's No. **1267**

FILED AUG 14 1956
BIRTH NO. **55546-56** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Mo.		c. CITY OR TOWN Vinita Park	
c. LENGTH OF STAY (in this place) 3 hrs.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			
e. STREET ADDRESS 8313 Washington		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) Charles	a. (First)	b. (Middle)	c. (Last) Druhe	4. DATE OF DEATH (Month) (Day) (Year) 8 4 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 8/4/56	9. AGE (in years last birthday) 0 IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 12 HRS. Hours 3 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY None		BIRTHPLACE (State or Foreign Country) Missouri
11. CITIZEN OF WHAT COUNTRY? USA				

13a. FATHER'S NAME Albert Druhe	13b. MOTHER'S MAIDEN NAME Alma Krull	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Albert Druhe ADDRESS 8313 Washington

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		INTERVAL BETWEEN ONSET AND DEATH 3 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) mother's day - Bldg. Mt.			
DUE TO (c)			
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 770.0	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) (Min.)	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 **Aug 4, 1956** to **Aug 4, 1956**, that I last saw the deceased alive on **Aug 4, 1956**, and that death occurred at **11** m., from the causes and on the date stated above.

23a. SIGNATURE D. K. Janice (Degree or title)	23b. ADDRESS 352 Central Clayton	23c. DATE SIGNED 8/14/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/6/56	24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery
24d. LOCATION (City, town, or county) (State) Bridgton Mo.		

DATE REC'D BY LOCAL REG. 8-4-56	REGISTRAR'S SIGNATURE Herbert B. Donahue	25. FUNERAL DIRECTOR'S SIGNATURE Ortmann F Home ADDRESS 9222 Lackland
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2 mortality

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.....
Signature of Student Embalmer

Signed *Al C Ostmann*.....

Licensed Embalmer No. *3478*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.