

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Missouri b. COUNTY <i>St. Louis</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis,</i>		Length of stay in 1b <i>10 days</i>		c. CITY OR TOWN <i>Richmond Heights,</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Louis-Little Rock Hospitals, Inc.,</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>1209 Bellevue</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Rosalie</i> Middle <i>B.</i> Last <i>Droege</i>				4. DATE OF DEATH Month <i>Jan.</i> Day <i>30,</i> Year <i>1961.</i>				
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>Oct. 2, 1880</i>		
				9. AGE (last birthday) <i>80 yrs.</i>		IF UNDER 1 YEAR Months Days		
						IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>School Teacher</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Grade School</i>		11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>James Sweeny</i>			13b. MOTHER'S MAIDEN NAME <i>Ellen Mullarkie</i>			14. NAME OF HUSBAND OR WIFE <i>Thomas W. Droege</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>William Droege 7109 Dale</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>arteriosclerotic Heart Disease</i>							INTERVAL BETWEEN ONSET AND DEATH <i>7</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) _____					
			DUE TO (c) _____				<i>4200</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Paralysis of brain</i>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from <i>1951</i> to <i>Jan. 30, 1961</i> and last saw her <i>alive</i> on <i>Jan. 30, 1961</i> Death occurred at <i>6:20 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE - <i>Karl L. Keffler M.D.</i> (Degree or title)				22b. ADDRESS <i>1755 South Grand Blvd.,</i>			22c. DATE SIGNED <i>Jan 31-61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>2/3/1961</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Missouri</i>		
24. FUNERAL DIRECTOR <i>Schnur Funeral Home</i>			ADDRESS <i>3123 Lafayette Ave St. Louis, Missouri</i>		25. DATE RECD. BY LOCAL REG. <i>FEB 1 1961</i>		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>	

MAR 22 1961

SEP 12 1961

### 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

*Thomas R. Fenwick*

Licensed Embalmer No. 3793

P. O. Address 3125 Lafayette

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.