

APR 11 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12666-a

1. PLACE OF DEATH

County

Registration District No. 791

File No.

Township

Primary Registration District No. 1003

Registered No. 2704

City St. Louis Mo. (No.)

St.

Ward)

2. FULL NAME

(a) Residence, No. 1071 Orr Ave. St. 23 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 9 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Droste

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 9 16

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fur cleaner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fur cleaner
10. Date deceased last worked at this occupation (month and year) August 1, 1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Muskogee, Germany

13. NAME Frank Droste

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Muskogee, Germany

15. MAIDEN NAME Ellen Morrison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Muskogee, Germany

17. INFORMANT (ADDRESS) August A. Appel, 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL St. Peter & Paul DATE 3-13-36

19. UNDERTAKER (ADDRESS) Dr. C. M. O'Connell, 1936 Allen Ave.

20. J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1935, to March 9, 1936

I last saw him alive on March 9, 1936. Death is said to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

Gen. Paralysis of Insane Oct 35+
Purpuric Anemia Oct 35+

Other contributory causes of importance: 83

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) August A. Appel, M. D.
(Address) 5400 Arsenal

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 11 1936

The first part of the report deals with the general situation in the country. It is noted that the economy is still in a state of depression, and that the government is struggling to meet its obligations. The report also mentions the need for further reforms and the importance of maintaining stability.

In the second part, the author discusses the social conditions. It is pointed out that the majority of the population is still living in poverty, and that there is a need for social welfare programs. The report also mentions the importance of education and the need for a more equitable distribution of resources.

The third part of the report deals with the political situation. It is noted that the government is still in a state of transition, and that there is a need for a more stable and democratic system. The report also mentions the importance of the rule of law and the need for a more active role for the citizenry.

Finally, the report concludes with some recommendations. It is suggested that the government should continue to work on economic reforms, and that it should also focus on social and political issues. The report also mentions the need for international cooperation and the importance of maintaining good relations with neighboring countries.

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Finally, the report concludes with some recommendations. It is suggested that the government should continue to work on economic reforms, and that it should also focus on social and political issues. The report also mentions the need for international cooperation and the importance of maintaining good relations with neighboring countries.

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County _____ Registration District No. 791
 Township St. Louis Primary Registration District No. 1063
 City St. Louis (No. Sanitarium) St. _____ Ward _____

File No. _____
 Registered No. 2704

2. FULL NAME

John Dooste
 (a) Residence, No. 1021 Ann Ave., St. _____, Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SA

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 9 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 4-22-36 J. A. [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

General Paralysis of Insane (acute)
Permeous Anemia
 Date of onset 10-35
10-35

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) Myron H. Appel, M. D.
 (Address) 5400 Arsenal

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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