APR 11 1936

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

Do not use this space.
12666-a

File No.
Registered No. 2704

1. PLACE OF DEATH

County
Township
City St Louis Mo. (No. , Sullivan St. Ward)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME John Droste

(a) Residence, No. 1021 Ann Ave St., 23 Ward.
(Usual place of abode) (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 22 1870

7. AGE: Years 65 | Months 9 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

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): Aug. 1935
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

FATHER

13. NAME: Frank Droste
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER

15. MAIDEN NAME: Ellen Marion
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

17. INFORMANT: Nugent N. Apfel M.D.
(ADDRESS) 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE Peter + Paul DATE 3-13 1936

19. UNDERTAKER: W. C. Mondell
(ADDRESS) 1936 Allen Av.

20. MAR 11 1936 19 J. F. 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 7:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gen. Paralysis of Insane	Oct. 35 +
Pernicious Anemia	Oct 35 +

Other contributory causes of importance: 93

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) Nugent N. Apfel, 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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1063 Registered No. 2704

City St. Louis (No. Sanitarium St. ..... Ward)

2. FULL NAME John Droste

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

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	

OCCUPATION

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)

FATHER

13. NAME

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

MOTHER

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 4-22-1936 J. J. Bradley 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 ....., 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:

	Date of onset
General Paralysis of Insane (Luetic)	10-35
Pernicious Anemia	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 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) Myron H. Oppel, 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.

126666-2