

DEC'D SEP 12 1938

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

27227  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791  
(b) Township 2 Primary Registration District No. 1003  
(c) City St. Louis (d) Street No. Desloge Hospital St. Ill.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. 3 wks. How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME May Droege

(a) Residence, No. 200 Broadway, Venice, Ill St. Ill. VR Venice, Ill.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
61 5 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) June 1938 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York, New York

13. NAME Fred Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York, New York

15. MAIDEN NAME May Nester

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York, New York

17. INFORMANT (ADDRESS) Gas. Droege Venice, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Granite City DATE Aug. 1938

19. FUNERAL DIRECTOR (ADDRESS) Chas. Meyer Granite City, Ill.

20. FILED SEP 10 1938 J. B. Bredish Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1938, to Aug 14, 1938. I last saw h. Dr. alive on Aug 14, 1938. Death is said to have occurred on the date stated above, at 12:58A.M.

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

Coronary Stenosis  
HO  
Endocarditis

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) Grey Jones, M. D.  
(Address) Inter Bldg.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Charles E. Mizer....., Licensed Embalmer No. 2988

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me.....

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Charles E. Mizer.....

Licensed Embalmer No. 2988

**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.)**