

No. 2
-1-4-41
5-17-39
X 26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27169

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6961

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5216 Thrush Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 717
(d) Street No. 5216 Thrush
(If rural, give location) 9
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marie P. Droz

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Joseph Droz, 6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased December 31 1854
(Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 7 If less than one day: _____ hr. _____ min.

9. Birthplace France
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business at home

12. Name Emil Parrot
13. Birthplace France
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Reinhard
15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. J. T. Cook
(b) Address 5536 Robin Ave.

17. (a) Burial (b) Date thereof Aug-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director A. Krone L & Co
(b) Address 2707 N. Grand Blvd

19. (a) AUG 28 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
year 1941 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from July 28
41 to Aug 26 1941
that I last saw her alive on Aug. 26 1941
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE Duration 29 Days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations [Signature]

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature James T. Cook (M. D. or other) 0
Address 5536 Robin Date signed 8/28/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

0
7
9

SEP 22 1941

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Paul F. Kivellberg
Licensed Embalmer No. 2631
P. O. Address 2707 N. Grand

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 this body is not embalmed, fact should be so stated above.