

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 6 1942 318
Registration District No.

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003
Primary Registration District No.

28671
State File No.
Registrar's No. 8040

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:
Alexian Bros Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one week
(Specify whether
In this community Life
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")
(d) Street No. 4137 Camellia Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME August Frederick Droege
3. (b) If veteran, name war None
3. (c) Social Security No. None

20. DATE OF DEATH: Month Sept. day 27
year 1942 hour 12 minute 03 p. M.
21. I hereby certify that I attended the deceased from Sept. 19 42
to Sept 27 42
that I last saw him alive on Sept 27 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (c) Age of husband or wife if alive years

Immediate cause of death Lobar Pneumonia Duration 6 days

7. Birth date of deceased July 15, 1866
(Month) (Day) (Year)

Due to
Due to 108

8. AGE: Years Months Days If less than one day
76 2 12 hr. min.

Other conditions Uremic Myocarditis
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations none
Of autopsy none
PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation Retired Machinest.
11. Industry or business

12. Name Henry Droege
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Wilhelmina
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant William Droege
(b) Address 3923 Cora Ave
17. (a) Burial (b) Date thereof Sept. 30, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery
18. (a) Signature of funeral director James J. Schaefer
(b) Address 1431 Union Blvd

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 0

19. (a) SFD 28 1942 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

23. Signer Ernie D. Guelius (M. D. or other) 0
Address 748 Lewis Ferry Rd Date signed 9/28/42

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

MOTHER FATHER

*Dec 22, 1964
W. E. Lester
208*

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 W. E. Lester
Licensed Embalmer No. 3880

P. O. Address.....

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.