

FILED JAN 10 1944

Registration District No. 310

Primary Registration District No. 6051

Registrar's No. 210

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town Rural - St. Charles Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.R.#3, St. Charles, Mo
(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)

3. (a) PRINT FULL NAME Mary Droste

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: August 14, 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	4	5	_____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name Ernst Droste

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Louise Floetmann

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Droste

(b) Address St. Charles, Mo

17. (a) Burial (b) Date thereof Dec. 22, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director Hackmann - Baul

(b) Address 326 N 6th St, St. Charles, Mo

19. (a) 12-20-43 (b) Ernst E. Paule
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R.R.#3, St. Charles
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
year 1943 hour 10 minute 55 P.M.

21. I hereby certify that I attended the deceased from July
1940 to Dec 19 1943
that I last saw her alive on Dec 19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary Edema

Due to Coronary Hypertension
- Regeneration -

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____

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)
(c) Means of injury _____

23. Signature Ernst E. Paule (M. D. or other) MD
Address St. Charles, Mo Date signed 12/22/43

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

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..... *Arthur O. Bruce*

Licensed Embalmer No. *2115*

P. O. Address..... *St Charles 711*

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.