

STANDARD CERTIFICATE OF DEATH

FILED AUG 20 1946

Registration District No. 317

Primary Registration District No. 6076

State File No. 28296

Registrar's No. 1788

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution May 31, 1946
In this community 35 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1416 Dillon
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DRUSCH, August

3. (b) If veteran, name war World I

3. (c) Social Security No. 498-10-9693

4. Sex Male () 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Drusch
6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased Aug. 19, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 11 25 5 hr. 25 min.

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

10. Usual occupation Janitor

11. Industry or business _____

MOTHER FATHER { 12. Name August Drusch
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Lila Bauer
(City, town, or county) (State or foreign country)
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof 8-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2501 Lafayette Avenue

19. (a) 8-17-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14
year 1946 hour 5:25 minute A M.

21. I hereby certify that I attended the deceased from May 31, 1946
to Aug. 14, 1946
that I last saw him alive on August 14
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA: ORAL CAVITY Duration UNK

Due to _____
Due to _____

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

Major findings: No Operation

Of autopsy No Autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No

(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? [Signature] injury 0

23. Signature L. E. STILWELL, M.D. (M. D. or other)
Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 8-14-46

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

AUG 28 1946

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.....

C. W. Cooper

Licensed Embalmer No.....

3830

P. O. Address.....

2301 Fayetteville

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.