

Registration District No. **42** Primary Registration District No. **1000**

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

1. PLACE OF DEATH:

(a) County **Buchanan**

(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 days**
(Specify whether years, months or days)

In this community **50 years.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**

(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")

(d) Street No. **727 So. 10th Street**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Mollie Droher**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Jewish**

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

6. (b) Name of husband or wife **Max Droher**

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

7. Birth date of deceased **About 1872**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	-	-	hr. _____ min. _____

9. Birthplace **Unknown** **Russia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At Home**

MOTHER { 12. Name **Phillip Rosenbloom**

13. Birthplace **Unknown** **Russia**
(City, town, or county) (State or foreign country)

14. Maiden name **Basha -**

15. Birthplace **Unknown** **Russia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dr. S. H. Droher**

(b) Address **Tootle Bld'g. St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **Mar. 9, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shaare Sholem Cem.**

18. (a) Signature of funeral director **Halter Meierhoffer**

(b) Address **1946 Colhoun St., St. Joseph, Mo.**

19. (a) **3-11-47** (b) **L. L. Jenkins**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **8**
year **1947** hour **9** minute **30A.** M.

21. I hereby certify that I attended the deceased from **March 4** 19**47** to **March 8** 19**47**
that I last saw her alive on **March 8** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia (viral)**

Due to **Suppuration**

Due to _____

Other conditions **3387**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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? _____

23. Signature **J. H. Allman** (M. D. _____)
Address **Chick, Redg** Date signed **3/8/47**

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..... *Albert E. Harrington*

Licensed Embalmer No. *3258* Missouri

P. O. Address *St. Joseph, Mo.*

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.

Alman