

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7372
Registrar's No. 541

Registration District No. 34/1247

Primary Registration District No. 6076

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 since 1-24-47
In this community unknown (Specify whether years, months or days)

3. (a) PRINT FULL NAME DROLLINGER, Joseph E.

3. (b) If veteran, name war World War I
3. (c) Social Security No. unknown

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ada Drollinger
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased April 7 1897
(Month) (Day) (Year)

8. AGE: Years 49 Months 11 Days 3
If less than one day hr. min.

9: Birthplace Durbey, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business
12. Name Charles Drollinger
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Gertrude R. Downey
15. Birthplace Erie, Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, Veterans Adm. Hospital
(b) Address Jefferson Barracks, Missouri

17. (a) Removal (b) Date thereof March 11, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wichita, Kansas

18. (a) Signature of funeral director C. Hoffmeister U&L Co.
(b) Address 7814 S. Broadway, St. Louis, Missouri

19. (a) 3-13-47 (b) Keith J. Allan MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 989
(c) City or town Wichita 14
(If outside city or town limits, write "RURAL")
(d) Street No. 4901 E. Kellogg Street 0
(If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1947 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from 1-24-47, 19____, to 3-10-47, 19____;
that I last saw him alive on 3-10-47, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA, BRONCHOGENIC, WITH EXTENSION TO PLEURA AND MEDIASTINUM
Duration UNK.

Due to _____
Due to 47 E _____
Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: Exploratory thoracotomy 2-15-47
Bronchoscopy with biopsy 2-1-47
Of autopsy Autopsy performed (see cause of death)
Underline the cause to which death should be charged attached daily.

22. If death was due to external causes, fill in the following:
(c) 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? _____ (Specify type of place) (e) Means of injury 0

23. Signature L. E. Stover (M. D. or other) _____
Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 3-11-47

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

MOTHER FATHER

Ball

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 *Harry J. Schumacher*
Licensed Embalmer No. *2679*
P. O. Address *7814 S. Broadway*

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.