

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 8 1950

State File No. 38435  
10178  
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1002		Registrar's No.							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		2179							
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>3801 SHENANDOAH</u>				e. STREET ADDRESS (If rural, give location) <u>3801 SHENANDOAH</u>									
3. NAME OF DECEASED (Type or Print) <u>BRIDGET</u>			a. (First)		b. (Middle) <u>DRONEY</u>		c. (Last)						
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>SEPT-11-1875</u>		9. AGE (In years last birthday) <u>75 YRS</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>IRELAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Thomas SHERDY</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Cahill</u>		14. NAME OF HUSBAND OR WIFE <u>John L. DRONEY</u>								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Evelyn Droney</u>				ADDRESS <u>3801 Shenandoah</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis ch. c myocardial degeneration</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis general</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Herpes zoster of geniculate ganglion</u> 10 yrs 6 weeks				19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H221</u>	
22. I hereby certify that I attended the deceased from <u>Mar. 21, 1947</u> , to <u>Nov. 27, 1950</u> , that I last saw the deceased alive on <u>Nov. 22, 1950</u> , and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>CH Bockelman M.D.</u>				(Degree or title)		23b. ADDRESS <u>2615 Brentwood Blvd</u>		23c. DATE SIGNED <u>Nov 28 1950</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>NOV-30-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		DATE REC'D BY LOCAL REG. <u>NOV 29 1950</u>					
REGISTRAR'S SIGNATURE <u>J. J. Sauter</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schuur</u>				ADDRESS <u>3125 Lafayette St. MO</u>					

WRITE PLAINLY—USING 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....

*Joseph B. Volmer*

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

**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.