No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38934

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10360

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

1. PLACE OF DEATH
a. COUNTY: ~~Saint Louis~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis, Mo
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Baptist Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clayton St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 45 Clayton 4452
d. STREET ADDRESS (If rural, give location): 7763 Davis Drive

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): George
c. (Last): Drosten

4. DATE OF DEATH (Month) 11 (Day) 21 (Year) 51

5. SEX: M D
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5/31/84
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 5, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Jewelry
10b. KIND OF BUSINESS OR INDUSTRY: V, P. Drosten Jew. Co
11. BIRTHPLACE (State or foreign country): St Louis
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Frederick W. Drosten
13b. MOTHER'S MAIDEN NAME: Rosa Mueller
14. NAME OF HUSBAND OR WIFE: Jean Kieth Drosten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 488-18-3341
17. INFORMANT'S SIGNATURE OR NAME: Wm. G. Drosten Jr. ADDRESS: 22 Picardy Lane

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension. — 5 yrs.
DUE TO (c) Arteriosclerosis — 10+ years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION: ____
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

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) ____ a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ____ 4201

22. *I hereby certify that I attended the deceased from* ____, 1936, *to* 11/21/51, 19__, *that I last saw the deceased alive on* 11/21/51, 19__, *and that death occurred at* 9:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Rush McAdam M.D.
23b. ADDRESS: Frisco Bldg.
23c. DATE SIGNED: 11/22/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 11/23/51
24c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory
24d. LOCATION (City, town, or county) (State): St Louis Mo.

DATE REC'D BY LOCAL REG.: NOV 21 1951
REGISTRAR'S SIGNATURE: J Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: Robert J. Ambruster. ADDRESS: 6633 Clayton Road

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address.....

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.