

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

42721

1. PLACE OF DEATH

County..... Registration District No. 791
Towship..... Primary Registration District No. 1003
City St. Louis (No. 4129, Chateau)..... St. Ward)

File No.
Registered No. 11975
St. Ward)

2. FULL NAME

Sophie Prost
(a) Residence. No. 4129 Chateau St. 16 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gottlieb Prost

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 28 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 years 1 8

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Nursewife
(b) General nature of industry, business, or establishment in which employed (or employer) 1939 97
(c) Name of employer At Home

9. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Wittenberg Germany

10. NAME OF FATHER Amerson

11. BIRTHPLACE OF FATHER (CITY OR TOWN), (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Fickner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN), (STATE OR COUNTRY) Wittenberg Germany

14. INFORMANT (Address) Sophie Prost 4129 Chateau St. 16

15. FILED DEC 10 1928 Max C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 6, 1928
17. I HEREBY CERTIFY That I attended deceased from Oct 15, 1928, to December 5, 1928 that I last saw h..... alive on Nov 15, 19....., and that death occurred, on the date stated above, at 6:05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gangrene of Left leg + foot. (arterio sclerosis)
non diabetic
(duration) yrs. 1 1/2 mos. ds.

CONTRIBUTORY (SECONDARY) acute myocarditis
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Charles Schubert M. D.
1928 (Address) 216-217 University City

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Memorial Park DATE OF BURIAL Dec 10 1928

20. UNDERTAKER Freyhauer and Co ADDRESS 4104-06

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Rushman
University Club
163-76 St.