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.

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

Do not use this space.

42805

1. PLACE OF DEATH

County ..... Registration District No. 781 2003 File No. 12068

Township ..... Primary Registration District No. ..... Registered No. 12068

City St. Louis (No. City Hospital St. ..... Ward)

2. FULL NAME 13316 Charles Pris

(a) Residence. No. 901a Lami St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ida Preis

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 3 - 1881

7. AGE: YEARS 47, MONTHS 7, DAYS 6. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Metal Polisher
(b) General nature of industry, business, or establishment in which employed (or employer): 131 436
(c) Name of employer: 99B

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis

PARENTS
10. NAME OF FATHER: Charles Pris Sr
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Mary Monton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): France

14. INFORMANT: E. Rowden
(Address): City Hospital

15. FILED DEC 12 1928, 19 ..... Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 9 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1928, to Dec 9, 1928, that I last saw him alive on Dec 9, 1928, and that death occurred, on the date stated above, at 10:18 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Cloudy Swelling of Kidneys
Ch. Interst. Nephritis
Ch. Myocarditis; Aortitis,
(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 129A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. Berg, M. D.
12/10, 1928 (Address) City Hospital

*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: New Pickers
DATE OF BURIAL: 12/12 1928

20. UNDERTAKER: Wacker-Helderle
ADDRESS: 2331 S. Bdway

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