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

Do not use this space.

15961

File No. 3970

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 2904 Glasgow St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Annie Prasse

(a) Residence. No. 2904 Glasgow St., 20 Ward.
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frederick Prasse

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 18, 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	78	5	13	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) England

PARENTS

10. NAME OF FATHER Not Known

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

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) England

14. INFORMANT Edele Miller
(Address) 2904 Glasgow

15. FILED APR 10 1929 Henry C Becker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 1 1929

17. I HEREBY CERTIFY, That I attended deceased from 4/2, 1929, to 4/1, 1929, that I last saw her alive on 4/1, 1929, and that death occurred, on the date stated above, at 9:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Haemorrhage 93C 82A

non Tubercular (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Bronchial Asthma, Myocarditis Chronic (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? no
WHAT TEST CONFIRMED DIAGNOSIS –

(Signed) J. J. Mumford, M. D.
, 19 (Address) Grand & Heberle

*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 St Peters — DATE OF BURIAL Apr. 4 1929

20. UNDERTAKER Crow L & N. Co. — ADDRESS 2707 N Grand.

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.

WHITE PAPER, WITH CARBONS INSERTED IS A PERMANENT RECORD