

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

Do not use this space.

10271

1. PLACE OF DEATH St. Louis Children Hospital 701
 County _____ Registration District No. _____
 Township _____ Primary Registration District No. 1000
 City St. Louis, Mo. (No. 500), So. Kings highway St. _____ Ward _____

File No. _____
 Registered No. 2291

2. FULL NAME John Henry Prosser
 (a) Residence, No. 540 N. 18th St., 12 Ward, East St. Louis, Ill.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-23-32
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) East St. Louis, Ill. (STATE OR COUNTRY) _____

MOTHER FATHER 13. NAME Thomas E. Prosser

14. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY) _____

15. MAIDEN NAME Charlotte Zuroweste

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Ill.

17. INFORMANT J. McElvin (ADDRESS) 400 So. Kings highway

18. BURIAL, CREMATION, OR REMOVAL PLACE East Louis DATE March 11, 1932

19. UNDERTAKER Wm. J. Walsh (ADDRESS) 512 N. 18th St.

20. FILED Mar 10 1932 Wm. J. Walsh Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-9-32, 19____
 22. I HEREBY CERTIFY, That I attended deceased from 3-9-32, 19____, to 3-9-32, 19____
 I last saw him alive on 3-9-32, 19____. Death is said to have occurred on the date stated above, at 8:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Encephalitis acuta streptococci
 Date of onset 3/29/32
3/4/32?

Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Lawrence Goldman, M. D.
 (Address) St. Louis Children's Hosp.

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.

