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.

10747

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2819

City S Louis (No. 3229, N. 21st St. ..... Ward)

2. FULL NAME Pruet, G John George Pruet

(a) Residence, No. 3229 N. 21st St., 26 ~~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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sophia Pruet

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5/23/1839.

7. AGE: YEARS 92 MONTHS 9 DAYS 29. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster 93

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 28 yrs. 97

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

FATHER

13. NAME: Unknown 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Bertha Devanny 3229 N. 21 St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: SS. Peter & Paul DATE: 3/24 1932

19. UNDERTAKER (ADDRESS): Meek and Dickman 3037 Easton Ave.

20. FILED: [illegible] 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1926, to Mar 22, 1932

I last saw him alive on Mar 21st, 1932. Death is said to have occurred on the date stated above, at 5:40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Arteriosclerosis	
Senility (age 92+)	

Other contributory causes of importance:

① 93

Name of operation ..... Date of ——

What test confirmed diagnosis? —— Was there an autopsy? no

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) Albert J Mazel, M. D.

(Address) 2743 McGrand Blvd