

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

Do not use this space.

AUG 25 1936

27856

785

6031

80

1. PLACE OF DEATH
 County St. Louis Registration District No. _____
 Township Bonhome Primary Registration District No. _____
 City Valley Park (No. _____) St. _____ Ward _____

2. FULL NAME Elmer C. Prante
 (a) Residence, No. 9516-Emerson Ave. St. _____ Ward Overland
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/4/1936 19

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29-1915

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 6 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
20 7 5

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. clerk-Book-keeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laclede-Steel Co.
 10. Date deceased last worked at this occupation (month and year) 7/3/36 11. Total time (years) spent in this occupation. 2yrs.

Accidental drowning in Meramec river, Long Beach, while in swimming with other friends. Got into deep water and sank. Accident at 6 PM. boy was finally recovered about 9 PM with drag hooks.
 Other contributory causes of importance: Unable to swim and stepped into deep water and went down.

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

Name of operation _____ Date of _____
 What test confirmed diagnosis? Coroner's view No.

FATHER 13. NAME Charles Prante
 14. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

MOTHER 15. MAIDEN NAME Louise Deuser
 16. BIRTHPLACE (CITY OR TOWN) Stratman, Mo. (STATE OR COUNTRY)

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Charles Prante (ADDRESS) 9516-Emerson-Ave.

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles Park DATE 7-7-36 19

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

19. UNDERTAKER Baumann-Brothers (Inc.) (ADDRESS) 2504-Woodson-Rd. Overland, Mo.

(Signature) Subst. Turner _____, M. D. (Address) 3718 Jennings Rd

20. FILED 7/6 1936 Agnes C. Kelly Registrar.

(Signature) St. Louis, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

