

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

Do not use this space.

SEP 29 1936

**1. PLACE OF DEATH**

County St. Louis

Registration District No. 790

File No. 32284

Township

Primary Registration District No. 6033<sup>c</sup>

Registered No. 297

City

Clayton

(No. St. Louis County Hospital)

St.

Ward)

**2. FULL NAME**

Hellie Prante

(a) Residence, No. Tesson Road apt. no.

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds.

How long in U. S., if of foreign birth? 3 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Henry E. Prante

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 17, 1897

7. AGE

YEARS 58

MONTHS 11

DAYS 17

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

Art housewife

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

at home

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

11. Total time (years) spent in this occupation

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

FATHER 13. NAME Wm. Grimm

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

MOTHER 15. MAIDEN NAME Louise Herzog.

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

17. INFORMANT (ADDRESS) husband - Henry E. Prante

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Dale Cem. DATE 8-3, 1936

19. UNDERTAKER (ADDRESS) Alexander & Sons

20. FILED 8/3, 1936 Dr. J. J. Sigorell Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/1, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-28-36, 1936 to 8-1-36, 1936.

I last saw her alive on 8-1, 1936 Death is said to have occurred on the date stated above, at 445A m.

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

Carcinoma of Head of Pancreas

Date of onset  
APR 1936

Other contributory causes of importance:

Strangulated Hernia & toxemia

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, ....., 1936

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) Robt. J. Budke

(Address) St. Louis Co. Hosp., M. D.

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.

