NOV 4 1936

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

Do not use this space.

39859

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 3850 Humphrey Str., St. ..... Ward)

File No. ..... Registered No. 10920

2. FULL NAME Louise M. Pruess

(a) Residence, No. 3850 Humphrey Str., St., 16 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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rudolph L. Pruess

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 5, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
63	11	25	

OCCUPATION

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

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

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

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Frank Lafser

14. BIRTHPLACE (CITY OR TOWN) Austri (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Mary Von Seck

16. BIRTHPLACE (CITY OR TOWN) Austria (STATE OR COUNTRY)

17. INFORMANT Rudolph L. Pruess
(ADDRESS) 3850 Humphrey Str.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mo. Crematory DATE 11-2136 ,19

19. UNDERTAKER Oscar J. Hoffmeister
(ADDRESS) 4016 Chippewa Str.,

20. FILED OCT 31 1936 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30 ,1936

22. I HEREBY CERTIFY, That I attended deceased from July 24 ,1936, to Oct. 30 ,1936 (last saw her alive on Oct 30 ,1936. Death is said to have occurred on the date stated above, at 9 - a.m.

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

	Date of onset
Endocarditis	Oct. 28, 36

59

Other contributory causes of importance:

Diabetes

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? No.

If so, specify .....

(Signed) John W. Higgin M. D.

(Address) 3650 Humphrey St.

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.

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