SEP 10 1937

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

1. Do not use this space.

29028

File No.

Registered No. 7661

**1. PLACE OF DEATH**

County

Township

City St. Louis (No. , 4118a Russell Avenue St. Ward)

Registration District No. 791

Primary Registration District No. 1003

**2. FULL NAME** Carl Preissler

(a) Residence, No. 4118a Russell Avenue St., 17 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) |
|---|---|---|
| Male | White | Married |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1887

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 50 | 4 | 28 | |

OCCUPATION

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

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

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) Frauenstein, Germany

FATHER

13. NAME Oswald Preissler

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) Edward Preissler, 4118a Russell Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory DATE August 14, 1937

19. UNDERTAKER (ADDRESS) Wm. J. Robert, 1905 S. Grand Blvd.

20. FILED AUG 13 1937 J. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1937, to Aug 12, 1937. Last saw him alive on Aug 12, 1937. Death is said to have occurred on the date stated above, at 9.07 A. M. The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis Chr | |
| | |
| | |
| | |

Other contributory causes of importance: Paroxysmal tachycardia

Paroxysmal tachycardia

Name of operation None 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) Joseph W. Larmore, M. D.
(Address) 3720 Washington Ave

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD