

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

20226
 Do not use this space.

REC'D JUL 12 1938

791
1008

5365

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (d) Street No. BARNES HOSPITAL St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. 13 (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 5365

2. PRINT FULL NAME Frank Pruneau

(a) Residence, No. St. Crystal City, Mo.
 (Usual place of abode, if no street address, write county or city) NR (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Judith May Pruneau

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20/1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 0 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Glassworker
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) May 27/1938 11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Albany Indiana

FATHER 13. NAME Francis Pruneau
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. France

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Ivan E. Pruneau Crystal City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crystal City, Mo. DATE June 13/1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe, Inc 429 N. Euclid Ave.

20. FILED JUN 14 1938 J. F. Biedach Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-10-1938

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1938, to June 10, 1938
 I last saw him alive on June 10, 1938. Death is said to have occurred on the date stated above, at 7:30 m.

The principal cause of death and related causes of importance were as follows:
Hypertension
Hypertensive Heart Disease
Decompensation
Insomnia caused by chr. nephritis
Bronchopneumonia

Date of onset 1937

Other contributory causes of importance:
Generalized arteriosclerosis

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 no
 (Signed) Alfred Friedman, M. D.
 (Address) BARNES HOSPITAL

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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JUL 12 1929

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed

J. J. Sullivan

Licensed Embalmer No. *1122*

P. O. Address *St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.