

REC'D OCT 12 1938

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

30749
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **St Louis, Mo.** (d) Street No. **423 Holly Hills Blvd.** Registered No. **8186**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Samuel Sommers Prosser** **626**

(a) Residence, No. **423 Holly Hills Blvd.** St. **L** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 **Anna Louise Prosser**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 13, 1901**

7. AGE YEARS **37** MONTHS **7** DAYS **2** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Machanic**
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Iowa**

13. NAME **James W. Prosser**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Pittsburg Penna**

15. MAIDEN NAME **Clara Shipley**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Parkersburg West Virginia**

17. INFORMANT **Mrs. Anna L. Prosser** (ADDRESS) **423 Holly Hills Blvd.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Hill** DATE **Sept. 19**, 19**38**

19. FUNERAL DIRECTOR **A. Brown & Co.** (ADDRESS) **2707 North Grand St.**
20. FILED **J. J. Bredeck** (Address) **4903 Delmar Blvd.**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 15, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 6**, 19**38**, to **Sept 15**, 19**38**

I last saw him alive on **9-15**, 19**38**. Death is said

to have occurred on the date stated above, at **8.10 P.M.**

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

*Pulmonary Tuberculosis
Tuberculous meningitis*

Date of onset
1935

9-6-38

Other contributory causes of importance:

*Toxemia
Cachexia*

1938

1938

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? **Yes**

If so, specify **contracted disease as result**

(Signed) **George H. Prosser, M.D.**

(Address) **4903 Delmar Blvd.**

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.

STATEMENT BY LICENSED EMBALMER

I, Paul F. Hollenberg, Licensed Embalmer No. 2631

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed Paul F. Hollenberg

Licensed Embalmer No. 2631

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.)