

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.

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

23187  
Do not use this space.

1939 JUL 8 1939

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 784  
 (b) Township Clayton Primary Registration District No. 101 Registered No. 1011  
 (c) City Clayton (d) Street No. St. Louis County 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 630 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gertrude Prueitt  
 (a) Residence, No. Maryland Heights, Mo. St.  (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 Female 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 Harold Prueitt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1-1915

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>24</u>	<u>0</u>	<u>1</u>	

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

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) 6/2/39 11. Total time (years) spent in this occupation 2 yrs

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

FATHER 13. NAME Nick Vohsen

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

MOTHER 15. MAIDEN NAME Annie Luenks

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

17. INFORMANT Harold Prueitt  
(ADDRESS) Maryland Heights, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem DATE 6-6-39

19. FUNERAL DIRECTOR (ADDRESS) Baumann Bros. Inc. Overland, Mo.

20. FILED JUN 5 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
 I last saw h..... alive on..... 9:05 PM Death is said to have occurred on the date stated above, at..... m.  
 The principal cause of death and related causes of importance were as follows:  
Ruptured tubal pregnancy  
 Date of onset

Other contributory causes of importance: 142b

Name of operation..... Date of.....  
 What test confirmed diagnosis? autopsy 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....., 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 O. Conwell M. D.  
 Coroner of St. Louis County, Mo.

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

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

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed: \_\_\_\_\_

*Oscar F. Mueller*

Licensed Embalmer No. \_\_\_\_\_

3039

**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.)**