

31133

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

REC'D OCT 14 1939 791

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 8196

1. PLACE OF DEATH: 1003

(a) County \_\_\_\_\_ /

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Central Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

\* In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Hazel Preiss 620

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Belmont Preiss 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Dec. 8, 1903  
(Month) (Day) (Year)

8. AGE: Years 35 Months 9 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Bachler Jones /

13. Birthplace Ind. /  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Littish  
(City, town, or county) (State or foreign country)

15. Birthplace Ind.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Belmont Preiss

(b) Address 1185 Hodiament Ave.,

17. (a) removal (b) Date thereof Sept. 25/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Princeton Ind.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiament Ave.

19. (a) SEP 24 1939 (b) J. B. Bieder  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_ /

(c) City or town St. Louis 5  
(If outside city or town limits, write "RURAL")

(d) Street No. 1185 Hodiament Ave.,  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23  
year 1939 hour 11 minute 00 AM

21. I hereby certify that I attended the deceased from July 31 - 28  
1939, to Sept 23 1939  
that I last saw her alive on Sept 23 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 2 days

Due to Season day infection following Peritonitis 50 days

Due to acute upper digits 3 days

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: acute infectious upper digits

Of autopsy none made

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John D. Heywood (M. D. or other) \_\_\_\_\_  
Address Medrespublican Bldg Date signed 9/23/39

WHITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Dr. John D. Hayward  
Ment. Bldg.  
Je. 4141/

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**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.....

*Jas. W. Clark*

Licensed Embalmer No. I66I.

P. O. Address. 1125 Hodiament Ave.

**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.**