

No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13185

State File No.

Registrar's No.

MAY 15 1940

791

1003

3387

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(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:
4969 Fountain
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 46 yrs
years, months or days)

3. (a) PRINT FULL NAME Hannah Prensky 652

3. (b) If veteran, name war no 3. (c) Social Security No. no

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

6. (b) Name of husband or wife Samuel Prensky 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased (unk) Ab. 1852
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
ab. 86 hr. _____ min.

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

10. Usual occupation at home 7

11. Industry or business 7

12. Name Aaron Becker

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

14. Maiden name Rechel Gida

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

16. (a) Informant Never Prentis

(b) Address Detroit Michigan

17. (a) burial (b) Date thereof 4/15/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beth Ham Hag

18. (a) Signature of funeral director H. B. Berger

(b) Address 4715 McPherson

19. (a) APR 14 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. 4969 Fountain
(If rural, give location) 50
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1940 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 25
1918, to April 14, 1940;
that I last saw her alive on April 11, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis 1 day
Due to Cerebral arterio sclerosis 11 year

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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 Arthur E. Tansing (M. D. or other) M.D.
Address 4500 Olive St. St. Louis Date signed 4/14/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

10 am

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

no embalming

Licensed Embalmer No. ~~12345~~

P. O. Address.....

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.