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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
AUG 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23980

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6425

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 1
(Specify whether years, months or days)

3. (a) PRINT FULL NAME..... Martin Paul Pruneau

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife..... Ellen 6. (c) Age of husband or wife if alive..... 23 years

7. Birth date of deceased..... June 8 1915
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>25</u>	<u>1</u>	<u>22</u>	hr. min.

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

10. Usual occupation..... Glass Examiner

11. Industry or business..... Pittsburgh Plate Glass

12. Name..... Emil A. Pruneau

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

14. Maiden name..... Magdeline Linderer

15. Birthplace..... St. Genevieve Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant..... Emil A. Pruneau

(b) Address..... Festus, Missouri

17. (a) Removal (b) Date thereof..... 7-31-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Festus, Missouri

18. (a) Signature of funeral director..... Albert H. Hoppe

(b) Address..... 4700 Washington Ave.

19. (a) JUL 30 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....

(c) City or town..... Crystal City NR.
(If outside city or town limits, write "RURAL")

(d) Street No..... 0
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... July day..... 29
year..... 1940 hour..... 9 minute..... 00 P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death..... Subarachnoid hemorrhage of brain. Duration.....

Retroposterolateral hemorrhage of brain.
Occurred in crash of airplane near Crystal City Mo. about 6:35 P.M.

Other conditions..... July 29 1940
(Include pregnancy within 3 months of death)

Major findings..... Cause and manner could not be determined.

Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)..... Open Verdict

(b) Date of occurrence..... July 29 1940

(c) Where did injury occur..... Crystal City Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
N.R. Public Place
(Specify type of place)

23. Signature..... Alfred Perry (M. D. or other).....
Address..... Crystal City Mo Date signed..... 7/30/40

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

MOTHER FATHER

Underline the cause to which death should be charged statistically.

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.....

Albert G. Koppa

Licensed Embalmer No. 2971

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, fact should be so stated above.