

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **40238**

JAN 15 1941 791

Registration District No. _____

Primary Registration District No. **1003**Registrar's No. **10009**

1. PLACE OF DEATH:

(a) County _____ /
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Mo., 18 Days
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Oscar Prunner3. (b) If veteran, name war none 3. (c) Social Security No. none4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Pauline Prunner 6. (c) Age of husband or wife if alive 48 years7. Birth date of deceased. May 16, 1883
(Month) (Day) (Year)8. AGE: Years 57 Months 6 Days 19 If less than one day hr. _____ min. _____9. Birthplace Rochester New York
(City, town, or county) (State or foreign country)10. Usual occupation Salesman11. Industry or business Save Electric Co.12. Name Oscar A. Prunner, Sr.13. Birthplace Canada
(City, town, or county) (State or foreign country)14. Maiden name Nancie Crowley15. Birthplace Rochester New York
(City, town, or county) (State or foreign country)16. (a) Informant Ms. Pauline R. Prunner (Wife)(b) Address 2361 S. 39th St., St. Louis, Mo.17. (a) Burial (b) Date thereof 12-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sunset Burial Park18. (a) Signature of funeral director R. J. Maxwell, D. O. B.(b) Address 7814 S. Broadway, St. Louis, Mo.19. (a) DEC 8 1940 (b) J. H. Buddek
(Received) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
2361 S. 39th Street
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5,
year 1940 hour 12:05 minute _____ P. _____ M.21. I hereby certify that I attended the deceased from October 17, 1940 to December 5, 1940;
that I last saw him alive on December 5, 1940;
and that death occurred on the date and hour stated above.Immediate cause of death Myocardial infarctionDue to Coronary thrombosis

Due to _____

Other conditions 946
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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 R. J. Maxwell (M. D. or other) _____Address 1415 Lafayette Ave. Date signed 12/5/40

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 Edwin H. Leibinger

Licensed Embalmer No. 4049

P. O. Address 6464 Apper

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.