

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20251

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5063

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

1. PLACE OF DEATH:

(a) County. 2712 S. Compton

(b) City or town. St. Louis,

(c) Name of hospital or institution: /

(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. 809

(c) City or town. St. Louis, 171-7

(If outside city or town limits, write "RURAL")

(d) Street No. 2712 S. Compton Avenue

(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME. Mathilda J. Prag

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month June day 18

year 1941 hour 4 minute 30 P.M.

4. Sex Female 5. Color or race Wht

6. (a) Single, widowed, married, divorced, or single

21. I hereby certify that I attended the deceased from March 9, 1941, to June 18, 1941;

that I last saw her alive on June 17, 1941;

and that death occurred on the date and hour stated above.

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

7. Birth date of deceased July 27 1895

(Month) (Day) (Year)

Immediate cause of death. Chronic Pulmonary Tuberculosis

Due to infection

8. AGE:	Years	Months	Days	If less than one day
	45	11	21	hr. min.

Due to. ~~Chronic Pulmonary Tuberculosis~~

9. Birthplace. St. Louis Missouri

(City, town, or county) (State or foreign country)

Other conditions. ~~Chronic Pulmonary Tuberculosis~~

(Include pregnancy within 3 months of death)

10. Usual occupation. At home

Major findings: Of operations. none performed.

Of autopsy. none performed

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business.

12. Name Severin Prag

13. Birthplace Germany

14. Maiden name. Mary Brueggemann

15. Birthplace St. Louis Mo.

(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Mary Prag

(b) Address. 2712 So. Compton

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?

17. (a) (b) Date thereof. 6, 21, 1941

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Calvary

18. (a) Signature of funeral director. John H. Gebken Sons

(b) Address. 2630 Gravois

23. Signature. ~~Edward J. Brueck~~

(Specify type of place) (e) means of injury

White at work?

19. (a) JUN 20 1941 (b) J. Brueck

(Date received local registrar) (Registrar's signature)

23. Signature. Edward J. Brueck (M. D. or other) M.D.

Address. 3515 S. Grand (Date signed) 6/20/41

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 Robert F. Lebkow

Licensed Embalmer No. 4144

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.