

S. No. 2
1-14-41
5-17-39
K25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Re 3200 32552
State File No.

FILED OCT 7 1944

Registration District No. 7

Primary Registration District No. 17

Registrar's No. 1917

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
617 BACON AVE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 61 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS
(c) City or town WEBSTER GROVES 7
(If outside city or town limits, write "RURAL")
(d) Street No. 617 BACON AVE.
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME ALFRED LEE PREHN

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARGARET L. PREHN
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased JUNE-19-1890
(Month) (Day) (Year)

8. AGE: Years 61 Months 2 Days 25
If less than one day - hr. - min.

9. Birthplace WEBSTER GROVES MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation PLUMBER

11. Industry or business PLUMBING AND HEATING

12. Name JOHN PREHN
13. Birthplace BERLIN GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name MARY LOUISE LEUE
15. Birthplace HAMBURG GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret L. Prehn
(b) Address 617 BACON AVE. W. G.

17. (a) BURIAL (b) Date thereof SEPT-16-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Pasher Ind. Co.
(b) Address WEBSTER GROVES, MO.

19. (a) SEP 16 1941 (b) H. McDevon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13
year 1941 hour 7 minute 10 P.M.
21. I hereby certify that I attended the deceased from Dec 9
1931 to Sept 13 19 41
that I last saw him alive on Sept 13 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Idemplesia - cerebral
arterio sclerosis
Due to arterio sclerosis

Due to _____
Other conditions (Include pregnancy within 3 months of death) 83 01

Major findings: Of operations _____
Of autopsy _____
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 Ralph E. Guston (If other) _____
Address Webster Groves Mo Date signed 9/16/41

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

MOTHER FATHER

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 Bob Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Groves

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.