

FILED SEP 18 1948 18

Registration District No.

Primary Registration District No. 1003

Registrar's No. 7438

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: Lutheran Hosp. O
(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. Mo. (b) County. 000
(c) City or town. St. Louis 19
(If outside city or town limits, write "RURAL")
(d) Street No. 1316 1/2 Crittenden
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Arthur B Prenavo

3. (b) If veteran, name war. 70 3. (c) Social Security No. 492-09-3800

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

6. (b) Name of husband or wife. Elizabeth Prenavo 6. (c) Age of husband or wife if alive. 27 years

7. Birth date of deceased. June 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 2 28 hr. min.

9. Birthplace. St. Louis Mo. O
(City, town, or county) (State or foreign country)

10. Usual occupation. Brewery Worker

11. Industry or business. Anheuser-Busch

12. Name. Edward Prenavo Sr.

13. Birthplace. St. Louis Mo. O
(City, town, or county) (State or foreign country)

14. Maiden name. Mary Duecker

15. Birthplace. St. Louis Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant. Elizabeth Prenavo

(b) Address. 1316 1/2 Crittenden St.

17. (a) Burial (b) Date thereof. 9-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. New S.S. Home

18. (a) Signature of funeral director. Witt Bro. & Co.

(b) Address. 2929 S. Jefferson Av.

19. (a) SEP 5 1948 (b) J. J. Burack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4
year 1948 hour 8 minute 40 P.M.

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

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

Underlying Embolism following an operation for Bilateral Inguinal hernia at Lutheran Hosp. Due to 8/23/48 Cause and manner of the hernias could not be determined.

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) Open Verdict

(b) Date of occurrence 8/23/48

(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Undetermined

While at work? (Specify type of place) (e) Means of injury. 3

23. Signature Thomas F. Callahan (Date) 9/5/48
Address Deputy Coroner Date signed

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

2

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.....

Paul A. Shaulkin

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Paul A. Shaulkin*

Licensed Embalmer No. *3472*

P. O. Address *2929 So. Jefferson*

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.