S. No. 2
I—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

29106

State File No. 7525

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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: 4654 Tyrolean, 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri, (b) County 17

(c) City or town St. Louis, 915 (If outside city or town limits, write "RURAL")

(d) Street No. 4446a Minnesota Ave., (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Pauline Prinster,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female, 1

5. Color or race White,

6. (a) Single, widowed, married, divorced Widowed, 2

6. (b) Name of husband or wife Peter

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

7. Birth date of deceased July, (Month) 8, (Day) 1874, (Year)

8. AGE:

Years	Months	Days	If less than one day
68	1	30	hr. min.

9. Birthplace Austria, (City, town, or county) 4 (State or foreign country)

10. Usual occupation At Home,

11. Industry or business

FATHER
12. Name Don't Know,
13. Birthplace Don't Know, (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Don't Know,
15. Birthplace Don't Know, (City, town, or county) 9 (State or foreign country)

16. (a) Informant Irma Abrolat,

(b) Address 4654 Tyrolean ta Ave.,

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 9/10/42 (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.,

19. (a) SEP 9 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 7th year 1942 hour 10: minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug. 14, 1942 to Sept. 7, 1942 that I last saw her alive on Sept. 6, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris — Duration 25 Days

Due to Chronic Myocarditis

Due to

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Roman J. Strang (M.D. or other) MD

Address 4520 Virginia Date signed 9-8-42

(Licensed Embalmer's Statement on Reverse Side)

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 Me

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

working under my personal supervision.

Signed Joe D. Berg

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.,
St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.