

FILED OCT 21 1942

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 8447

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: Emergency to City Hospital
(If outside city or town limits, write "RURAL" and name of township)

(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 _____

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

(d) Street No. 4437a Gibson Ave. (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Raymond Louis Prehm

3. (b) If veteran, name war World War # 1

3. (c) Social Security No. 492-03-5656

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katie Prehm

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased June 13th 1893
(Month) (Day) (Year)

8. AGE:

| | | | |
|-------|--------|------|----------------------|
| Years | Months | Days | If less than one day |
| 49 | 3 | 28 | hr. _____ min. |

9. Birthplace Bloomington Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Crane Operator

11. Industry or business General Refractory

MOTHER FATHER

12. Name Louis Prehm

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Katie Prehm

(b) Address 4437a Gibson Ave.

17. (a) Burial (b) Date thereof 10-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Kriegsharser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) OCT 12 1942 (b) J.F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11th
year 1942 hour 6:40 minute A.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.

Immediate cause of death Coronary Sclerosis
Chronic Intermittent Nephritis

Due to _____

Due to 121

Other conditions (include pregnancy within 3 months of death) 31

Major findings: Of operations Pending 31

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature Thomas F. Callahan (M.D. or other) _____

Address Deputy Coroner Date signed 10/12/42

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

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City Council

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 A. McDermott*

Licensed Embalmer No. *3024*

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.