S. No. 2
M—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 APR 3 1943

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8688

Registrar's No. 2953

1. PLACE OF DEATH:

(a) County: St. Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Hosp. - 12 Days (Specify whether years, months or days) In this community:

2. USUAL RESIDENCE OF DECEASED: 96

(a) State: Mo. (b) County: St. Louis
(c) City or town: Rock Hill (If outside city or town limits, write "RURAL") 14 NR
(d) Street No.: 846 Fairdale Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Elmer E. Preiss

3. (b) If veteran, name war: None

(c) Social Security No. 489-03-0648

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Agnes Preiss

6. (c) Age of husband or wife if alive: 37 years

7. Birth date of deceased: Feb. (Month) 19th (Day) 1895 (Year)

8. AGE: Years 48 | Months 1 | Days 7 | If less than one day: hr. min.

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

10. Usual occupation: Machinist

11. Industry or business: Anheuser-Busch Co.

FATHER
12. Name: John Preiss
13. Birthplace: (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name: Marie Haushalter
15. Birthplace: (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Agnes Preiss
(b) Address: 846 Fairdale Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-29-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Bellefontaine Cemetery

18. (a) Signature of funeral director: Kriegshauser Mortuaries
(b) Address: 4228 So. Kingshighway Blvd.

19. (a) MAR 29 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th year 1943 hour minute 30 A.M.

21. I hereby certify that I attended the deceased from March 10, 1943 to March 26, 1943 that I last saw him alive on March 25, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Brain Tumor	mos to yrs.
Cardiac Decompensation	3 wks
Due to: Mitral Regurgitation	years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: Malignant Brain Tumor Left Temporal & Parietal Lobes.
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: Melvin Jess (M. D. or other) M.D.
Address: 3611 St. Louis Ave. Date signed 3-26-43

(Licensed Embalmer's Statement on Reverse Side)

Dr Tess
3611 St Louis ave 68
Room 143 at 10 AM
Je 8186

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 Richard W. Stanerand

Licensed Embalmer No. 4007

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.