

S. No. 2
M-9.4.41
5-17-43
I 22484

19086

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1145

Registration District No. 317
Primary Registration District No. 3067

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ladue
(c) Name of hospital or institution:
3 Granada Way
(d) Length of stay: In hospital or institution
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Ladue
(d) Street No. 3 Granda Way
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Joseph H. Preiss
3. (b) If veteran, name war No. _____
3. (c) Social Security No. _____

4. Sex Male
5. Color or Race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ada Lampe Preiss
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Mar-23-1889

8. AGE: Years 54 Months 1 Days 20
If less than one day hr. _____ min. _____

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

10. Usual occupation Insurance broker

11. Industry or business Preiss-Madden Co.

MOTHER FATHER
12. Name Joseph H. Preiss
13. Birthplace St. Louis, Mo.
14. Maiden name Louise Reymann
15. Birthplace St. Louis, Mo.

16. (a) Informant Ada Lampe Preiss

(b) Address 3 Granada Way

17. (a) Burial (b) Date thereof 5/15/43
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd. at Concordia Lane

19. (a) Date received local registrar MAY 16 1943
(b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1943 hour 11 minute P. M.
21. I hereby certify that I attended the deceased from Dec. 1, 1942
1942 to May 13, 1943
that I last saw him alive on May 13, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Hy per trophy of the Heart with Coronary Atherosclerosis
Duration 6 mo.

Due to Chronic Hy per trophy with Left Ventricular Hy per trophy
Due to Arterio-sclerotic changes in Aorta & nephritis
Other conditions Nephritis
(Include pregnancy within 6 months of death)

Major findings:
Of operations No operation
Of autopsy No 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? _____
(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 H. Montgomery M.D. (M. D. or D.D.)
Address 4032a West Florissant Ave. Date signed 5/14/43

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

76
12
1

FILED MAY 22 1943

317

3067

0

96
12
1

(Yes or No)
0

13

P. M.

Dec. 1, 1942

1943

1943

Duration

6 mo.

PHYSICIAN

Underline the cause to which death should be charged statistically.

107

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.....

Licensed Embalmer No. 1994

P. O. Address Clayton Rd. at Concordia

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.