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19936

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. **5291**

FILED JUN 19 1943 18  
Registration District No. ....

Primary Registration District No. ....

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

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:  
**St. JOHN'S HOSPITAL**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 days**  
(Specify whether 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. **3459 CRITTENDEN ST.**  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **ANN H. PRACK**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOW**

6. (b) Name of husband or wife **ADOLPH PRACK** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **FEB. 29. 1878**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	3	8	hr. .... min.

9. Birthplace **ST. LOUIS MO.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business.....

MOTHER FATHER { 12. Name **ERICH WELLMANN**

13. Birthplace **HOLLAND**  
(City, town, or county) (State or foreign country)

14. Maiden name **ELSIE FUCHS**

15. Birthplace **ST. LOUIS MO.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. VOLLEY COLEMAN**

(b) Address **3459 CRITTENDEN ST.**

17. (a) **BURIAL** (b) Date thereof.....  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **OLD S.S. PETER & PAUL**

18. (a) Signature of funeral director **Arthur J. Donnelly**  
(b) Address **2840 Lindell Blvd**

19. (a) **1943** (b) **J. F. Bredek**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **7** year **1943** hour **9** minute **35** A. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Embolism**  
**Ether anesthesia while undergoing an operation for a ventral hernia at St. Johns Hosp. June 7 1943**

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) **000**

(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) Means of injury.....

23. Signature **Alfred J. Perry** (M. D. or other) Address **Capitol Ground** Date signed **6/8/43**

SEP 17 1948

Coroner's Office

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 Stanley Marshall  
Licensed Embalmer No. 2868  
P. O. Address 3840 Lindell

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.