

S. No. 2
M-2-43
5-17-39
1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

33440
State File No.
9561 ✓
Registrar's No.

FILED NOV 10 1943 18

Registration District No. _____ Primary Registration District 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:
ALEXIAN BRO'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 DAYS
(Specify whether
In this community ALL HIS LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 155 PARSON AVE
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANK JOSEPH PREHN

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 29
year 1943 hour 4 minute 25 A.M.

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

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.

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

Immediate cause of death General peritonitis following repair of myocardial lesion removed while applying cardiac stent at work at U.S. Cambridge Plant, 4300 Woodfellow - Sept. 17, 1943
Duration _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased NOVEMBER 8 - 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 11 21 - hr. - min.

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace WEBSTER GROVES MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation SHEET METAL WORKER

11. Industry or business U.S. F. M. GARTAREIDGE CO

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

12. Name JOHN PREHN

13. Birthplace BREMAN GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name MARY L. LEUE

15. Birthplace HANOVER GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Alice J. Brown

(b) Address 299 Oak Bluff - St. Louis

17. (a) BURIAL (b) Date thereof 11-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director Parkland Co
(b) Address WEBSTER GROVES MO

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Sept 17 1943
(c) Where did injury occur? St. Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial
While at work? Yes (Specify type of place)
(e) Means of injury Electricity

19. (a) NOV 1 1943 (b) J. F. Bruck
(Data received local registrar) (Registrar's signature)

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

MOTHER FATHER

MAY 4

1956

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 W. B. Albrecht

Licensed Embalmer No. 1332

P. O. Address Industrial Groves

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.