

Registration District No. 318

Primary Registration District No. 1003

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:
5859 Itaska /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Paula Praechter

3. (b) If veteran, name war _____
3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred J. Praechter 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 9 1881
(Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name August Voigt 13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Rosalie Fredericks

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

16. (a) Informant Fred J. Praechter
(b) Address 1109 Bellerive Blvd.

17. (a) Burial (b) Date thereof 1 Feb 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Walter Alder...
(b) Address 3634 Gravois

19. (a) JAN 22 1944 (b) J. F. Praechter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 12
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1109 Bellerive Boul.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21
year 1944 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from Aug 15 1943 to Jan 21 1944
that I last saw alive on Jan 20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung
Due to Had ca. of lungs 15 years ago
Due to _____

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

Major findings: Of operations none made
Of autopsy none made
free only

Duration 6 mos
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) (e) Means of injury _____
23. Signature Joseph Davie (M. D. or other) _____
Address 313 N 9th Date signed 1/21/44

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

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..... *Rossie Livheer*
Licensed Embalmer No. *2128*
P. O. Address *St Louis Mo*

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.