

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 1 1944

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 5606  
Registrar's No. 1643

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County ST. LOUIS MO.  
(b) City or town ST. LOUIS MO.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 1304A. WRIGHT. STR. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30 YRS.  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MARGARET PRANGER.

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JULY 2ND 1875  
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST. LIBORY ILL.  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK AT HOME

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name BERNARD PRANGER,

13. Birthplace ST. LIBORY ILL.

14. Maiden name CATHERINE BECKER,

15. Birthplace ST. LIBORY ILL.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Margaret Pranger

(b) Address 1304 Wright St

17. (a) BURIAL (b) Date thereof FEB. 19 = 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Brockland and Co

(b) Address 1827 HOGAN STR.

19. (a) FEB 18 1944 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI. (b) County 26  
(c) City or town ST. LOUIS MO  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1304A. WRIGHT. STR.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month FEB day 16<sup>TH</sup>  
year 1944 hour 3:50 minute P. M.

21. I hereby certify that I attended the deceased from 5-28, 1942, to 2/16, 1944;  
that I last saw her alive on 2/16, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to 1. Arterio-sclerosis 5/28/42

Due to 2. Myo-Carditis 6 mo

Due to 3. Multiple-Arthritis 5/28/42

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy none

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 0

23. Signature John S Young (M. D. or other) \_\_\_\_\_

Address 1126 1/2 Louis Date signed 2-16/44

---

---

**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 *John Gonowski*  
Licensed Embalmer No. *3398*

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, above space should be left blank.**