

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:
LUTHERAN ALTENHEIM
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr +
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County 178

(c) City or town ST. LOUIS 98
(If outside city or town limits, write "RURAL")

(d) Street No. 8721 HALLS FERRY Rd.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME HENRY F. PRIGGE

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, WIDOWED

6. (b) Name of husband or wife SOPHIE

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: MAY 16 1858
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8
year 1944 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 15
1943 to Feb 8 1944
that I last saw him alive on Feb 8 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 8 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS Co. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business FARMER

MOTHER FATHER { 12. Name CHAS. PRIGGE

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

14. Maiden name CHRISTINE KREUTEL

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

16. (a) Informant Miss Spencer Supt. Lutheran Althaus
(b) Address 8721 Halls Ferry Road

17. (a) BURIAL (b) Date thereof FEB. 10, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Biederwieser Sun. Home Inc
(b) Address 1936 St. Louis Ave

19. (a) FER 10 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

Immediate cause of death: Chronic Myocarditis 4 3yrs?
Duration

Due to _____

Due to _____

Other conditions Arteriosclerosis
(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) _____

(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 0

23. Signature Eugene P. Arnold (M. D. or other) MD.
Address 449th St. Loran Date signed 2/8/44

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..... *Delis J. Krupin*.....

Licensed Embalmer No..... *3497*.....

P. O. Address..... *1936 St. Louis Ave*.....

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.