

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32707

State File No. \_\_\_\_\_

FILED OCT 20 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8640

569  
17  
9

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(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:  
Enroute to City Hosp  
(If not in hospital or institution, write street number or location) 3

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town Pekin Ill  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME August Preiss

3. (b) If veteran, name war No

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10  
year 1944 hour 1:25 AM minute 35

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dora B

6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased May 1 1890  
(Month) (Day) (Year)

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.

8. AGE: Years Months Days If less than one day

54 5 9 hr. min.

Immediate cause of death Coronary Occlusion  
Coronary Sclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Hotel Manager

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Self

MOTHER FATHER { 12. Name John F Preiss

{ 13. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Marie Haushalter

{ 15. Birthplace St. Louis  
(City, town, or county) (State or foreign country)

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

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Dora B Preiss

(b) Address Pekin Ill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 13 44  
(Month) (Day) (Year)

(c) Place: burial or cremation Pekin Ill

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? \_\_\_\_\_

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 So Kingshighway

19. (a) OCT 11 1944 (Date received local registrar)

J. F. Bredeck (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature James J. Fitzgibbon (K. D. or other)

Clark E. Strain Date signed 10-11-44

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 Richard W. Storrison  
Licensed Embalmer No. 4007  
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, fact should be so stated above.**