

FILED NOV 10 1948

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

32713
 State File No. _____
 Registrar's No. 9318

Registration District No. _____ 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:
4024 Peck St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Emma Ida Pruehsner
 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 Married
 6. (b) Name of husband or wife Martin Pruehsner 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased April 21, 1887
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 6 10 hr. min.

9. Birthplace Breese Ills. 1
 (City, town, or county) (State or foreign country)
 10. Usual occupation House wife

11. Industry or business _____
 12. Name Chas. Siener
 13. Birthplace Unknown Ills. 1
 (City, town, or county) (State or foreign country)
 14. Maiden name Anna Ringi
 15. Birthplace Unknown Wis. 1
 (City, town, or county) (State or foreign country)

16. (a) Informant Martin F. Pruehsner
 (b) Address 4024 Peck St.
 17. (a) Burial (b) Date thereof 11/3/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Breese, Illinois
 18. (a) Signature of funeral director Math Hermann & Son
 (b) Address 2161 East Fair Ave
 19. (a) NOV 2 1944 (b) J. J. Brodeur
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4024 Peck St.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31,
 year 1944 hour 7:10 PM minute _____ M.
 21. I hereby certify that I attended the deceased from
Aug 17-1944 to 10-31-44
 that I last saw as alive on 10/31-44, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic myeloid leukemia
 Due to _____
Hof
 Due to _____
Carcinoma of liver
 Other condition _____
 (Include pregnancy within 3 months of death)

Duration _____
 PHYSICIAN _____

Major findings _____
 Of or _____
Aug 22-1944
appt long after in
 Of autopsy impossible. Closed
no abdomen

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) no
 (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?
no
 (Specify type of place)
 While at work? _____ (e) Means of injury no
 23. Signature Dr. J. Hermann (M.D. or other)
 Address 2239 N. Grand Date signed 11-1-44

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 *Walter E. Burnley*
Licensed Embalmer No. *4202*
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.