

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

11673

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

FILED MAY 12 1945

318

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. \_\_\_\_\_

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:  
4410 Miami Ave  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4410 Miami St  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anna Prebil

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female! 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Micheal 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased July 26 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 9 0 hr. min.

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

10. Usual occupation Housework

11. Industry or business At Home

12. Name Frank Zwelber

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

14. Maiden name Unknown

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

16. (a) Informant Michael Prebil

(b) Address 4410 Miami St

17. (a) Burial (b) Date thereof 4 30 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter Paul Cem

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 So. Kingshighway

19. (a) APR 28 1945 (Date received local Registrar) J. F. Bruden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1945 hour 3.20 PM minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from 2/23/45 19\_\_\_\_ to 4-26-45 19\_\_\_\_  
that I last saw him alive on 4-26-45 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Due to since 2-23-45

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

Major findings:  
'Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

Duration

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 \_\_\_\_\_

23. Signature Pepl P. Gray (M. D. or other) \_\_\_\_\_  
Address 4063-50 Grand Date signed 4/27/45

So Grang

Dr Ferris

4065  
Lo 2711  
173

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 *Edward D. Mc Dermott*

Licensed Embalmer No. *3024*

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.**