

S. No. 2
DM-2-43
v. 5-17-39
P-1 X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

W. W. W. 25072
State File No. _____

FILED JUL 30 1945 STANDARD CERTIFICATE OF DEATH

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1878

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3221-McKibbon Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20-Years
(Specify whether years, months or days)
In this community 20-Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 3221-McKibbon Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Walter L. Prouhet

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased Feb 16 1878
(Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 6 If less than one day hr. min.

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

10. Usual occupation Paper hanger

11. Industry or business self

MOTHER FATHER { 12. Name Theodore Prouhet
13. Birthplace France
(City, town, or county) (State or foreign country)
14. Maiden name Virginia Smith
15. Birthplace Creve Coeur Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Olive E. Prouhet

(b) Address 3221-McKibbon Rd-Overland, Mo

17. (a) Burial (b) Date thereof 7-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Blairwood Bros

(b) Address 2504-Woodson Rd-OVERLAND Mo

19. (a) 7-27-45 (b) W. J. H. Garrison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1945 hour 10 minute 55 P. M.

21. I hereby certify that I attended the deceased from Feb 1945 to July 22 1945
that I last saw him alive on July 27th 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Muscarditis (Chronic) General
Duration 2 yrs.

Due to 93d

Due to _____

Other conditions (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?
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature W. J. H. Garrison (M. D. or other) _____
Address 8900 N. 1st St. St. Louis, Mo. Date signed 7/24/45

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.