

FILED FEB 7 1946
Registration District No. 318

Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Enroute to City Hospital 3
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 3522a Franklin Ave.
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME Ralph Presson
(b) If veteran, name war World War # 2

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 22
year 1946 hour _____ minute 35 A.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased About 1891

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
About 55 hr. _____ min.

Immediate cause of death Chronic Myocarditis (Decompensated Heart) when on work
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Unknown Nebraska
10. Usual occupation Laborer

11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Walter Bauer
(b) Address 3435 Chippewa St.
17. (a) Burial (b) Date thereof 1-26-46
(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JAN 25 1946 (b) J. F. Bredack

23. Signature Alfred J. Perry (M. D. or other) _____
Address Deputy Coroner Date signed 1-25-46

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

2987

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 *Henry M. Branner*

Licensed Embalmer No. *4200*

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.