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

2988

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 797

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 38

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: 4733 Newcomb Pl.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 4733 Newcomb Pl.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Caroline Priese

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

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

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

7. Birth date of deceased Dec. (Month) 18 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
77	0	14	hr. min.

9. Birthplace Washington (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Fred Ridecker
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Albert Priese
(b) Address 5127 Robin Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-46 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) JAN 3 1946 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2 year 1946 hour 4 min. 45 P.M.

21. I hereby certify that I attended the deceased from 12/31/45 to 1/2/46 and that I last saw her alive on 1/1/46 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration 3 days

Due to —

Due to —

Other conditions None (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 E. W. Edwards (M. D. or other)
Address 4030 Chouteau Ave. St Louis 10, Mo. Date signed 1/3/46

(Licensed Embalmer's Statement on Reverse Side)

Dr. [redacted] Edwards, (Pa, [redacted]
Chouteau Bldg.,

2 to 5

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 Warren A. Carver

Licensed Embalmer No. 3534

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.