

S. No. 2  
M-8-43  
S-17-39  
X37823

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL RECORDS  
**FILED MAY 27 1946 STANDARD CERTIFICATE OF DEATH**

16338 ✓

State File No. \_\_\_\_\_  
Registrar's No. 386

Registration District No. 128 Primary Registration District No. 2000

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

**1. PLACE OF DEATH:**  
(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. John's Hosp. 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Weeks (Specify whether)  
In this community 58 Years (years, months or days)

**3. (a) PRINT FULL NAME** August F. Prugger  
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Eva Prugger 6. (c) Age of husband or wife if alive Unk. years  
7. Birth date of deceased August 18, 1862  
(Month) (Day) (Year)

**8. AGE:** Years 83 Months 8 Days 17 If less than one day  
hr. min.

9. Birthplace Whitewater Wisconsin  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Millright

11. Industry or business Frisco R.R.

12. Name Joseph Prugger

13. Birthplace Berlin Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ostermeyer

15. Birthplace Berlin Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant John J. Prugger

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 5-7-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary Cemetery

18. (a) Signature of funeral director H.H. Lohmeyer  
Springfield, Mo.

(b) Address \_\_\_\_\_

19. (a) 5-7-46 (b) H. W. Henderson  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Greene 39  
(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1618 Summit 6  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 5  
year 1946 hour 3:00 minute p. M.

21. I hereby certify that I attended the deceased from May 5, 1946 to May 5, 1946; that I last saw him alive on May 5 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-Sclerotic Vascular Disease  
Arterio-Sclerotic

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings of operations By pathology of Prusich

Of autopsy 12/10

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)  
(e) Means of injury 0 M.D.

23. Signature May 7 1946 (M. D. or other) \_\_\_\_\_

Address Springfield, Mo. Date signed 5-6-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....

..... Roy H. Mercer Jr. ....., Registered Apprentice No. 380 .....,  
working under my personal supervision.

Signed..... *Walter E. Hamilton* .....

Licensed Embalmer No. 3808 .....

P. O. Address..... Springfield, 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.**

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