

S. No. 2  
M-2-43  
5-17-39  
X35637

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17827

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

FILED JUN 13 1946

Registrar's No. 81

Registration District No. 310

Primary Registration District No. 3058

1. PLACE OF DEATH:

(a) County St Charles  
(b) City or town St Charles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Carmelite Home for Aged 5  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution 4 months  
(Specify whether  
In this community 4 months  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Theresa PRINSTER

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John A. Prinster 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 3 1872  
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 15 If less than one day hr. min.

9. Birthplace Brighton Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business at Home

12. Name Herry Suelwing

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

14. Maiden name Marie Hennig

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

16. (a) Informant Wm. Cash  
(b) Address West Allen Mo

17. (a) Burial (b) Date thereof May 21 - 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's Cemetery

18. (a) Signature of funeral director John G. Hoehn  
(b) Address West Allen

19. (a) 5/20/46 (b) Francis Hamilton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18  
year 1946 hour 10 minute 2 M.

21. I hereby certify that I attended the deceased from May 15, 1946 to May 18, 1946  
that I last saw her, alive on May 18, 1946,  
and that death occurred on the date and hour stated above.

Immediate cause of death Broken Compensation 4d  
Due to Chronic Myocarditis

Due to Sen. Arterio sclerosis  
Other conditions \_\_\_\_\_  
(include pregnancy within 3 months of death)

Major findings:  
Of operations 92d  
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?  
\_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature J. E. Erick (M.D. or other)  
Address St. Charles Mo. Date signed 5/21/46

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

16706

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-12-46

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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 John A. Hoehn

Licensed Embalmer No. 1842

P. O. Address Altos, Ill.

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.