

Registration District No.

Primary Registration District No.

1003

Registrar's No.

4378

1. PLACE OF DEATH:

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

3. (a) PRINT
FULL NAME

Henry W Press

3. (b) If veteran,
name war.....

No

3. (c) Social Security
No.....

4. Sex.....**Male** 5. Color or
race.....**White** 6. (a) Single, widowed, married,
divorced.....**Married**

6. (b) Name of husband or wife.....**Elizabeth** 6. (c) Age of husband or wife if
alive.....**65** years

7. Birth date of deceased.....**Oct 2 1876**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 7 12 hr. min.

9. Birthplace.....**Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation.....**Asst Controller**

11. Industry or business.....**Frisco Railroad**

12. Name.....**William Press**

13. Birthplace.....**Ill**
(City, town, or county) (State or foreign country)

14. Maiden name.....**Mary Moeser**

15. Birthplace.....**Ill**
(City, town, or county) (State or foreign country)

16. (a) Informant.....**Elizabeth Press**

(b) Address.....**3956 Connecticut St**

17. (a) **Burial** (b) Date thereof.....**May 17 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....**Valhalla Mausoleum**

18. (a) Signature of funeral director.....**Kriegshauser**

(b) Address.....**4228 So. Kings Highway**

19. (a) **MAY 15 1946**
(Date received local burial)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State.....**Mo** (b) County.....
(c) City or town.....**St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No.....**3956 Connecticut St**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....**May** day.....**14**
year.....**1946** hour.....**12.45** PM minute.....**M.**

21. I hereby certify that I attended the deceased from.....
that I last saw him alive on.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to.....**Coronary Occlusion**
Coronary Sclerosis

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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)
(c) Means of injury.....**3**

23. Signature.....**W. J. Press** (M. D. or other)
Address.....**3956 Connecticut St** Date signed.....**5/15/46**

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

Elmer D Mc Dermott

Licensed Embalmer No.

3024

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.