

S. No. 2  
DM-543  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25627

FILED JUL 26 1946  
318

State File No. ....

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 6443

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

24476

1. PLACE OF DEATH: St Louis MO

(a) County St Louis MO

(b) City or town Christian, D.  
(If outside city or town limits write "RURAL" and name of township)

(c) Name of hospital or institution Christian, D.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 minutes  
(Specify whether In this community years, months or days) 50 years

3. (a) PRINT FULL NAME Beulah Pruski

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

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

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married/  
divorced married

6. (b) Name of husband or wife Steve Pruski

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Jan 19 1896  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>6</u>	<u>2</u>	hr. min.

9. Birthplace St Louis MO  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name Charles Rittenhouse

13. Birthplace Parsons MO  
(City, town, or county) (State or foreign country)

14. Maiden name Marion E Page

15. Birthplace St Louis MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Steve Pruski

(b) Address 2701 Elliot

17. (a) Burial (b) Date thereof 2-24-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director St Louis General Home

(b) Address 2201 St Louis ave

19. (a) III 22 1946 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County 0007

(c) City or town St Louis 20 9  
(If outside city or town limits, write "RURAL")

(d) Street No. 2701 Elliot  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21  
year 1946 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from 6-24-46  
to 7-21-46

that I last saw her alive on 7-20-46  
and that death occurred on the date and hour stated above

Immediate cause of death acute myocarditis

Due to cardio-renal (dropy)

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

Other conditions 1/21  
(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)

(e) Means of injury \_\_\_\_\_

23. Signature W. W. Fair (M.D. or \_\_\_\_\_)

Address 3425 N. Grand Date signed 7-22-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

V/E  
0141  
C.E.  
6191

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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 Ogonowski*  
Licensed Embalmer No. 3398

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.**