S. No. 2
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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1946

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38984

Registrar's No. 9266

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 City Hospital #1 C
(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)

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. 6412 Vermont Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ANDREW DAVID PREIS

3. (b) If veteran, name war

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 Lois Preis

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased July 11-1902 (Month) (Day) (Year)

8. AGE: Years 44 Months 4 Days 18 If less than one day hr. min.

9. Birthplace Amazona, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Special Agent

11. Industry or business

FATHER 12. Name Max Preis

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

MOTHER 14. Maiden name Maud May

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

16. (a) Informant Lois Preis

(b) Address 6412 Vermont Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 1, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Wm C. Mogdell

(b) Address 1926 Allen Avenue

19. (a) OCT 29 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Octpber day 29th year 1946 hour 5 minute 05 A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage due to Gun-shot wound of head (Self inflicted) while seated in front seat of his Plymouth Sedan located in Garage rear of his home on Oct 28 1946 about 7:25 P.M.

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings Of operation NM

Of autops

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) Suicide

(b) Date of occurrence Oct 28 1946

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)

While at work? (e) Means of injury Gun shot

23. Signature Patrick E. Taylor (M. D. or other) 3

Address Dep Cor Date signed 10/29/46

(Licensed Embalmer's Statement on Reverse Side)

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 Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.