

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11408

FILED MAR 24 1947  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2440

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

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:  
St. John's Hospital  
(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 Mo. (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 1617  
(d) Street No. 4264 Arsenal St.  
(If rural, give location) 9  
(e) Citizen of foreign country?..... (Yes or No) 0  
If yes, name country.....

3. (a) PRINT FULL NAME SUSAN PRAHL

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

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

6. (b) Name of husband or wife John A. 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Sep't. 11 1882  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>5</u>	<u>26</u>	..... hr. .... min.

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

10. Usual occupation Housework

11. Industry or business.....

12. Name E. Pappert.

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

14. Maiden name Catherine Unknown

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

16. (a) Informant John A. Prahl

(b) Address 4264 Arsenal St.

17. (a) Burial (b) Date thereof 3 10 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) WAR 10 (b) J. F. Bralock  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th  
year 1947 hour 7:30 minute A.M.

21. I hereby certify that I attended the deceased from 2/16/47 19... to 3/7/47 19...  
that I last saw her alive on 3/7 19... and that death occurred on the date and hour stated above.

Immediate cause of death embolism of line (eye)  
hypochromic anemia  
Due to.....  
Due to.....

Other conditions (include pregnancy within 3 months of death) 1/24

Major findings:  
Of operations X  
Of autopsy.....

Duration  
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 Dr. J. F. Bralock (M.D. or other) 0  
Address 4523 S. Kingshighway (City or town) (County) (State) 9/8/47

005618 / 7100

**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 Richard W. Stoverand

Licensed Embalmer No. 4007

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.**