

Registration District No. **318** Primary Registration District No. **1003**

**1. PLACE OF DEATH:**

(a) County **St. Louis, Mo.**  
(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. Louis City Hospital Max C. Starkloff**  
(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** **2317**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2829 EADS AV.** **9**  
**Memorial** (If rural, give location) **0**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **ARTHUR PRACK**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **MALE** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **SINGLE**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **JUNE 3-1885**  
(Month) (Day) (Year)

8. AGE: Years **61** Months **10** Days **13** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **NIL**

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

12. Name **John PRACK**

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

14. Maiden name **CHRISTINA FURST**

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

16. (a) Informant **William Prack**

(b) Address **2829 Eads av**

17. (a) **BURIAL** (b) Date thereof **April 19-47**  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation **NEW ST. MARCUS**

18. (a) Signature of funeral director **E. J. Schmier**

(b) Address **3125 Lafayette av**

19. (a) **APR 17 1947** (b) **J. F. Bredek**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **April** day **16th**  
year **1947** hour **12:35** minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from **2/22/47**  
\_\_\_\_\_, 19\_\_\_\_, to **4/16/47**, 19\_\_\_\_  
that I last saw him alive on **4/16/47**, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute cardiac failure**  
Due to \_\_\_\_\_  
Due to **Tubo-pneumonia**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy **not reported yet**

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? \_\_\_\_\_

23. Signature **Alfred H. ...** (Specify type of place) \_\_\_\_\_  
Address **1515 Lafayette** (c) Means of injury \_\_\_\_\_  
Date signed **4/18/47**

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

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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..... *James A. Kollmer*.....  
Licensed Embalmer No. *4014*.....  
P. O. Address..... *St. Louis*.....

**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.**