. S. No. 2
DM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 21 1947

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 25956
6486

Registration District No. 318 | Primary Registration District No. | Registrar's No.

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 1008
(a) State Mo (b) County Perry
(c) City or town Perryville
(If outside city or town limits, write "RURAL")
(d) Street No. Perryville Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Audra Prost
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
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 October (Month) 22 (Day) 1929 (Year)

8. AGE: Years 17 Months 8 Days 14 If less than one day hr. 0 min.

9. Birthplace Perryville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Factory Worker
11. Industry or business Shoe Factory
FATHER
12. Name Vincent Prost
13. Birthplace Perryville Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Maria Whistler
15. Birthplace Perry Co Mo (City, town, or county) (State or foreign country)
16. (a) Informant Vincent Prost
(b) Address Perryville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope Cem Perryville Mo
18. (a) Signature of funeral director Ortmann Funeral Home
(b) Address 9222 Lackland Overland Mo
19. (a) JUL 9 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 6 year 1947 hour minute 8 46 P.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 Septicemia following Septic abortion when she was Jailed in a state of Coma and Convulsions in the home of Angna Marie Mullen 2931 Bonetti Street around 2:45 Am June 28 1947 — Duration

Other conditions Weller self induced over the hands of Angna Marie Mullen — PHYSICIAN

Major findings:
Of operation
Of autopsy

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Gen Vandent
(b) Date of occurrence June 28 1947
(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? (Specify type of place)
While at work (e) Means of injury
23. Signature (M.D. or other)
Address Kly Date signed 7/7/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

6486

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 G W Wilkinson

Licensed Embalmer No. 3575

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.