S. No. 2
M—1/47
r. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32919
9121

FILED OCT 11 1947

Registration District No. 318

Primary Registration District No. 1003

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: Firman De Loge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 Days. (Specify whether years, months or days)
In this community 46 Years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3401 N 9th St. 9
(If rural, give location) 0
(e) Citizen of foreign country? 26 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Pringle, Dena
3. (b) If veteran, name war no
3. (c) Social Security No. 489-09-0031

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Robert Pringle
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 3 (Month) 8 (Day) 1886 (Year)

8. AGE: Years 61 Months 6 Days 21 If less than one day hr. min.

9. Birthplace Brinktown (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Helper in Cafe.
11. Industry or business
MOTHER FATHER
12. Name Henry Bure
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)
14. Maiden name Augusta, Prott
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Mrs Rose Strassner
(b) Address 3401 N 9th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2228 St. Louis Ave.
19. (a) OCT 1 1947 (Date received local registrar) (b) J. F. Bradcock (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 29 year 47 hour 12 minute 30 a.m.
21. I hereby certify that I attended the deceased from 9/10 1947 to 9/29 1947 and that I last saw her alive on 9/28 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Subdiaphragmatic abscess c̄ bronchiolitis Hepatitis — Duration unknown
Due to: cholecystitis + cholelithiasis — 9 mos
Due to: 1/1
Other conditions: none (Include pregnancy within 3 months of death) 1/1
Major findings: Of operations: Subdiaphragmatic abscess c̄ peritonitis
Of autopsy: Same as above

PHYSICIAN — 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)
(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? (Specify type of place)
While at work? Means of injury
23. Signature Robert E Fox (M. D. or other)
Address 1325 Lafayette Blvd. Date signed 9/30/47

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

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.