V. S. No. 2
50M—1/47
Rev. 5-17-39

#79359

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 28 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40077

Registration District No. 318

Primary Registration District No. 100

Registrar's No. 10635

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

1. PLACE OF DEATH:
(a) County
(b) City or town St.Louis, Missouri.
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1602 A. Cass Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JULIA PREE
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
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 July (Month) 5th (Day) 1875 (Year)
8. AGE: Years 72 Months 4 Days 12 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name John Pree
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Mary Neislein
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. Stella Carroll
(b) Address 5806 Welsh St.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Arthur J. Donnell
(b) Address 3840 Lindell Blvd
19. (a) NOV 19 1947 (Date received local registrar) (b) J. F. Bausch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17th year 1947 hour 11 minute P M.
21. I hereby certify that I attended the deceased from 11/9/47, 19..., to Nov. 17th 19 47 that I last saw him alive on Nov. 17th 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease — decompensated — Generalized arteriosclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Thrombosis left lentiquus Femoral artery

Major findings:
Of operations —
Of autopsy —

Duration

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 (e) Means of injury

23. Signature Julius W. Koslin, M.D. (M.D., D.O., etc.) 11/18/47
Address 1515 Lafayette Date signed

Jefferson City Printing Co.

(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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Rundell

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.