FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 21 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33907

Registration District No. 377 | Primary Registration District No. 3069 | Registrar's No. 146

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7086 Oakland Avenue
(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: Missouri (b) County: St. Louis 96

(c) City or town: Richmond Heights 8
(If outside city or town limits, write "RURAL")

(d) Street No.: 7086 Oakland Avenue 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Catharine Caroline Pruehs

3. (b) If veteran, name war: --

3. (c) Social Security No.: --

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed 2

6. (b) Name of husband or wife: John Henry Pruehs

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: October (Month) 3 (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
83	9	13	16 hr. 30 min.

9. Birthplace: Husum (City, town, or county) Germany 11 (State or foreign country)

10. Usual occupation: Housewife 1

11. Industry or business .....

FATHER
12. Name: Frederick Ingwerson
13. Birthplace: Germany 7 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Marie Schumann
15. Birthplace: Germany 11 (City, town, or county) (State or foreign country)

16. (a) Informant: Clara M Pruehs
(b) Address: 7086 Oakland Avenue, Richmond Heights

17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 1/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Greeley, Colorado

18. (a) Signature of funeral director: Robert J. Ambruster
(b) Address: 6633 Clayton Rd., St. Louis 17, Mo.

19. (a) 1-17-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16 year 1948 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from ....., 19..., to January 16, 1948 that I last saw her alive on January 16, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cor. Myocarditis	
Senility 93	
Due to	
Hypertension	
Other conditions (Include pregnancy within 3 months of death)	

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

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: O. E. Melhamson (M. D. or Coroner)
Address: 6336 Clayton Rd., St. L. Date signed 1/17/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.