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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
**FILED JAN 10 1948**

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **3443**  
Registrar's No. **10**

Registration District No. **312**

Primary Registration District No. **6876**

**1. PLACE OF DEATH:**  
 (a) County **St. Louis**  
 (b) City or town **Overland**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**9747-Midland Avenue**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community **27 Years**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **St. Louis**  
 (c) City or town **Overland**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **9747-Midland Avenue**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Louise A. Prante**  
 3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
 4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**  
 6. (b) Name of husband or wife **Charles H** 6. (c) Age of husband or wife if alive **66** years  
 7. Birth date of deceased **May 3 1881**  
(Month) (Day) (Year)

**8. AGE:** Years **66** Months **7** Days **30** If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace** **Stratman Mo.**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Housewife**

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

**12. Name** **William Deuser**  
**13. Birthplace** **Germany**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Louise Stratman**  
**15. Birthplace** **Stratman Mo.**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Charles H. Prante**  
**(b) Address** **9747-Midland Ave-Overland-14-Mo.**

**17. (a) Burial** (b) Date thereof **1-5-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Lake Charles Park**

**18. (a) Signature of funeral director** *Baumann Bros*  
**(b) Address** **2504-Woodson Rd-Overland-14-Mo.**

**19. (a) 1-5-48** (b) *Beale J. Sharp MD*  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Jan** day **2**  
 year **1948** hour **7** minute **45 A.M.**

**21. I hereby certify that I attended the deceased from** **Nov. 1946**  
 \_\_\_\_\_, 19\_\_\_\_, to **Jan. 2**, 19**48**  
 that I last saw her alive on **Jan 2** \_\_\_\_\_, 19**48**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **General Coronary - Cerebral hemorrhage**  
 Duration **1 yr.**

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**PHYSICIAN**  
 Underline the cause to 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) (a) Means of injury

**23. Signature** *A. H. ...* (M. D. or other) \_\_\_\_\_  
 Address **8900 St. Charles Rd.** Date signed **1-3-48**

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

MOTHER FATHER

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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 Oscar F. Mueller  
Licensed Embalmer No. 3039  
P. O. Address Overland 14 New

**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.**