

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20864**

FILED JUN 21 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5228**

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Anthony 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)

3. (a) PRINT FULL NAME Louisa Pries

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 Widow

6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased March 2 1866
 (Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 7 If less than one day hr. min.

9. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business Unknown Stutz

12. Name Unknown Unknown

13. Birthplace Unknown
 (City, town, or county) (State or foreign country)

14. Maiden name Caroline Maus

15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Catherine Rapp

(b) Address 5873 Delor St.

17. (a) Burial (b) Date thereof 6/12/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Wacker-Welderle

(b) Address 3634 Gravois Ave.

19. (a) JUN 11 1948 (b) J. F. Bredbeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5873 Delor St.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
 year 1948 hour 2 minute 42 P.M.

21. I hereby certify that I attended the deceased from 6-4, 1948, to 6-9, 1948
 that I last saw her alive on 6-9, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis
 Due to Perforated gall bladder
 Due to _____

Other conditions 12/1
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____

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?

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature M. J. Pulver (M. D. or other) MD
 Address 607 N. Grand Date signed 6/10/48

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

MOTHER FATHER

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 Robert Wheeler

Licensed Embalmer No. 2178

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.