

3906
17-39
10-47
3906

FILED OCT 31 1948
Registration District No. _____

Primary Registration District No. **1003**

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

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:
1827 Russell Ave. 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town Shrewsbury
(If outside city or town limits, write "RURAL")
D.R. Street No. 7324 Sutherland Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Emmet L. Prevallet

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17th.
year 1948 hour 9 minute 45 P.M.

4. Sex M. D 5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Esther Prevallet

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased May 14, 1894
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 15th, 1948 to Sept. 17th, 1948; that I last saw him alive on Sept. 16th, 1948 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>4</u>	<u>3</u>	hr. _____ min. _____

Immediate cause of death Cardiac Infarct 2 hrs.
Duration

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

10. Usual occupation Traffic Clerk

Due to _____

Due to _____

Other conditions Chr. Heart Disease 2 yrs.
(Include pregnancy within 3 months of death)

11. Industry or business Mo. Pacific Freight

12. Name Leon M. Prevallet

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

14. Maiden name Matilda M. Nesselin

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

Major findings: Infarction PHYSICIAN

Of operations no

Of autopsy no

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Esther Prevallet

(b) Address 7324 Sutherland Ave.

17. (a) Burial (b) Date thereof 9-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) SEP 19 1948 (b) J. H. Bredeck
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. H. Haller D. (M. D. or other)

Address 3608 S. Grand Blvd. Date signed 9/18/48

Mr. Wm. ...
3605 ...
The ...

NOV 24 1948

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 W. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.