

FILED MAY 19 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 16231

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY St. Louis Cit	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2069	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Marys Hospital		d. STREET ADDRESS (If rural, give location) 2922 N. Kingshighway		1	

3. NAME OF DECEASED (Type or Print) Margaret Theresa Prott			4. DATE OF DEATH May 11 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 10-8-1911		9. AGE (In years last birthday) 38		10. IF UNDER 1 YEAR Months 7 Days 3	
11. BIRTHPLACE (State or foreign country) Jefferson City, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13. IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY OWN		11. BIRTHPLACE (State or foreign country) Jefferson City, Missouri	

13a. FATHER'S NAME Henry Asel		13b. MOTHER'S MAIDEN NAME Edith M. Gruber		14. NAME OF HUSBAND OR WIFE Lee J. Prott	
----------------------------------	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Lee J. Prott	
				ADDRESS St. Louis, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Hepatic Disease Cirrhosis Due to (b) Qu of liver disease (Radical Operations) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 3 20 7 20 170X	
---	--	---	--	--	--	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
------------------------	--	----------------------------------	--	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
---	--	--	--	----------------------------	--

22. I hereby certify that I attended the deceased from March 22, 1949 to May 11, 1950 that I last saw the deceased alive on May 11, 1950 and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>R.P. Darrin</i>		(Degree or title) M.D.		23b. ADDRESS Jefferson City, Mo.	
				23c. DATE SIGNED May 13/50	

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-14-50		24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	
				24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.	

DATE REC'D BY LOCAL REG. May 13-1950		REGISTRAR'S SIGNATURE R.P. Darrin MA- NR 68		5. FUNERAL DIRECTOR'S SIGNATURE Victor Buscher Jefferson City Mo	
				ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

RECEIVED  
MAY 16 1950  
District Health Officer No. 9,  
District File Number

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Victor Buescher*

Licensed Embalmer No. 3701

P. O. Address

*Jefferson City 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.