

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

11515

State File No.

FILED MAR 20 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 565

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u> | |
| c. LENGTH OF STAY (in this place) <u>2 weeks</u> | | 4673 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u> | | d. STREET ADDRESS (If rural, give location) <u>912 Simmons Ave.</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>FERN</u> | b. (Middle) <u>ELANE</u> | c. (Last) <u>Pruesner</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 29, 1952</u> |
|--|------------------------|--------------------------|---------------------------|--|

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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Aug. 25, 1899</u> | 9. AGE (in years last birthday) <u>52</u> | IF UNDER 1 YEAR Months <u>6</u> Days <u>10</u> | IF UNDER 24 HRS. Hours <u>1</u> Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Stone County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Sterling Kerby</u> | 13b. MOTHER'S MAIDEN NAME <u>Anne Pritchett</u> | 14. NAME OF HUSBAND OR WIFE <u>Ruben Pruesner</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>495-07-2881</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Ruben Pruesner, Kirkwood, Mo.</u> | ADDRESS |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca of Liver Carcinoma</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Operated and pronounced inoperable</u> DUE TO (c) <u>1561</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Feb 17, 1952 to Feb 27, 1952, that I last saw the deceased alive on Feb 27, 1952, and that death occurred at 6 m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>[Signature]</u> | (Degree or title) | 23b. ADDRESS <u>Crave Road Mo</u> | 23c. DATE SIGNED <u>2-29-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <u>3/2/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Marionville Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Marionville, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>2-29-52</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Bopp, Inc.</u> | ADDRESS <u>Kirkwood Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 4

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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

working under my personal supervision.

Student Embalmer No.

Signed Felix Durand

Signed.....
Student Embalmer

Licensed Embalmer No. 3034

P. O. Address 516 Art Lane, Kikona

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.