

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17639**
Registrar's No. **11**

FILED MAY 26 1952

BIRTH NO. _____ REG. DIST. NO. **306** PRIMARY REG. DIST. NO. **6048**

0920

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

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Peters, rural, Dardenne 20yrs		c. LENGTH OF STAY (in this place) 20yrs	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Peters, rural, Dardenne		d. STREET ADDRESS (If rural, give location) Highway 40, 1 mile west St. Peters	

3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) Prinster c. (Last) Prinster			4. DATE OF DEATH (Month) (Day) (Year) May 15, 1952		
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5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb. 23, 1883		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home			11. BIRTHPLACE (State or foreign country) St. Peters, Mo.			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME John Schwendemann			13b. MOTHER'S MAIDEN NAME Caroline Fetsch			14. NAME OF HUSBAND OR WIFE Stephen Prinster		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Stephen Prinster, St. Peters, Mo.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Cardio-Renal disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-Renal disease DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Apoplexy-Paraplegia						INTERVAL BETWEEN ONSET AND DEATH 10 days 10 yrs 4 yrs	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X						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) (Min.)		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 **Jan 10, 1945** to **May 15, 1952** that I last saw the deceased alive on **May 13, 1952**, and that death occurred at **7 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]			23b. ADDRESS St. Peters, Mo.			23c. DATE SIGNED 5-19-52		
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-19-52		24c. NAME OF CEMETERY OR CREMATORY All Saints		24d. LOCATION (City, town, or county) (State) St. Peters, Mo.			
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DATE REC'D BY LOCAL REG. 5-19-52		REGISTRAR'S SIGNATURE Ea. Keithley			FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. Steukater St. Peters Mo.		
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

E. Keithy

Licensed Embalmer No. 877

P. O. Address O'Fallon 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.