

FILED AUG 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26781**

BIRTH NO.		REG. DIST. NO. <u>217</u>	PRIMARY REG. DIST. NO. <u>500</u>	Registrar's No. <u>2062</u>
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Town & Country</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Town & Country</u> <u>2400</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>#1 Ballas Lane</u>		d. STREET ADDRESS (If rural, give location) <u>#1 Ballas Lane</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MICHAEL</u>		b. (Middle) <u>WILLIAM</u>	c. (Last) <u>PREISS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 31, 1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 14, 1882</u>	9. AGE (in years last birthday) <u>69</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>tavern owner (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own tavern</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Preiss</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia Koester</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Anth Preiss</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lester Preiss, Kirkwood, Mo.</u> ADDRESS <u>R #5.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Failure</u> <u>coronary thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Chr. Myocarditis</u> DUE TO (c) <u>Severe arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>St. hemiplegia 6 yrs ago</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>7-31</u> , 19 <u>52</u> , to <u>7-31</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7-31</u> , 19 <u>52</u> , and that death occurred at <u>2:30P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>L. H. Denny M.D.</u>		23b. ADDRESS <u>Creve Coeur, Mo.</u>	23c. DATE SIGNED <u>8-1-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 3, 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hiram</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-2-52</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Downke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Schrader Funeral Home, Ballwin, Mo.</u> ADDRESS		

SW (Licensed Embalmer's Statement on Reverse Side)

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

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

Theo. Schreder

Licensed Embalmer No.

3066

P. O. Address

Ballwin, 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.