

43740

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 11034

FILED DEC 30 1952

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo.</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>Overland</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>7424 Coles. Overland, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Leo.</u> b. (Middle) <u>M.</u> c. (Last) <u>Pruess</u>			4. DATE OF DEATH <u>11/28/52</u> (Month) (Day) (Year)			
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>June 4, 1900</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months Days	IF UNDER 18 Hrs. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sheet metal wkers</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ky.</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>Wm. Pruess</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Able</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Pruess</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY <u>494-09-7079</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Margaret Pruess 3424 Coles. Overland</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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b) <u>Coronary Occlusion</u>				
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201</u>	

22. I hereby certify that I attended the deceased from 9-9-52, 1952, to 11-17-52, 1952, that I last saw the deceased alive on Nov 17, 1952, and that death occurred at 11:45 pm., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>Chas. H. Miller M.D.</u>		23b. ADDRESS <u>408 Humboldt Bldg.</u>		23c. DATE SIGNED <u>11-29-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>12/2/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lakewood Park cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sullivan's</u>		ADDRESS <u>Euclid St. Louis</u>	
DATE REC'D BY LOCAL REG. <u>DEC 1 1952</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		M.D.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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 Anthony Bonn

Licensed Embalmer No. 44615

P. O. Address.....

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.