FILED OCT 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31813

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 545 Registrar's No. 2211

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maplewood
c. LENGTH OF STAY (In this place): 5 mon.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maplewood Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Webster Groves ?
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 511 Oak St. 4007

3. NAME OF DECEASED (Type or Print)
a. (First): Hanna
b. (Middle):
c. (Last): Prater

4. DATE OF DEATH (Month) (Day) (Year): Sept. 21st. 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 18th 1880
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 1, Days 3 — IF UNDER 24 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: At Home
11. BIRTHPLACE (City and State or Foreign Country): New York, New York
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Max Wisxniewski
13b. MOTHER'S MAIDEN NAME: Johanna Roehmier
14. NAME OF HUSBAND/WIFE: (late) Edgar W. Prater

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 498-05-3133
17. INFORMANT'S SIGNATURE OR NAME: C. Marie Orms — ADDRESS: Above

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach — INTERVAL BETWEEN ONSET AND DEATH: over 2 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

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: 151X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 15, 1955, *to* Sept 21, 1955, *that I last saw the deceased alive on* Sept 21, 1955, *and that death occurred at* 1 05 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: James B. Jones
(Degree or title): MD
23b. ADDRESS: 337 W. Lockwood Webster Groves 19 Mo
23c. DATE SIGNED: 9-22-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 9-23-55
24c. NAME OF CEMETERY OR CREMATORY: Vahalla Crematory
24d. LOCATION (City, town, or county) (State): St. Louis, Co. Mo.

DATE REC'D BY LOCAL REG.: 9-23-55
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: JAY B. SMITH, Maplewood, Mo.

S.G. (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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. Allen Davis Jr

Licensed Embalmer No. 40

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.