

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 9 - 1957

42476

STATE FILE NUMBER

318

1003

10945

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lemay 4860		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barnes Hospital		Length of stay in 1b DOA	d. STREET ADDRESS 1615 Telegraph Rd.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIAM Middle H. Last PRIESMEYER			4. DATE OF DEATH Month Nov. Day 14, Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 21, 1888	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Luggage Business		10b. KIND OF BUSINESS OR INDUSTRY Self-Employed	11. BIRTHPLACE (City and state or country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Wm. Priesmeyer			14. MOTHER'S MAIDEN NAME Carrie Fiedler		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 497-05-9489		17. INFORMANT Address Anna Priesmeyer, 1615 Telegraph Rd.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis Coronary arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary arteriosclerosis DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH 2 days 2 mths
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 420.1					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Nov. 1, 1957 to Nov 14, 1957 and last saw him alive on Nov 14, 1957 Death occurred at 12:40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Joseph H. Walz, M.D. (Degree or title)			22b. ADDRESS 100 N. Euclid, St. Louis 8		22c. DATE SIGNED Nov 15, 1957
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-18-57	23c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul Cem		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR Fendler Und. Co., 7420 Michigan Ave.		25. DATE RECD. BY LOCAL REG. NOV 15 57		26. REGISTRAR'S SIGNATURE Earl Smith MO	

Dr. Noah

2:30 Today

Missouri

Lewis

St. Louis

1815 Telegraph Rd.

DOA

Barnes Hospital

Nov. 14, 1927

H. PRITSMAYER

WILLIAM

Mar. 21, 1888

Male

USA

St. Louis, Mo

Self-Employed

Luggage Business

Carrie Fiedler

Wm. Prieseyer

Anna Prieseyer, 1815 Telegraph Rd.

407-02-482

No

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

W. G. Peterson

Licensed Embalmer No. 37

P. O. Address 7420 Mich

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.

General and Co. 2420 Locust St. St. Louis, Mo.