

FILED JAN 20 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4035

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fern Ridge</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Fern Ridge 4000</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>So. Fee Fee Rd.</u>		Length of stay in 1b <u>65 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>So. Fee Fee Rd.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u></u> Last <u>Prestien</u>				4. DATE OF DEATH Month <u>Jan.</u> Day <u>8</u> Year <u>1958</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept. 16, 1868</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Prestien</u>				14. MOTHER'S MAIDEN NAME <u>Margaret Heitmann</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 <u>Katherine Prestien</u> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Neuro circulatory collapse</u> DUE TO (b) <u>Myocardial degeneration</u> DUE TO (c) <u>Atherosclerosis 4221</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 1 <u>General senility, Chronic nephritis, Prostatitis</u>							INTERVAL BETWEEN ONSET AND DEATH
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 <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>							
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 <u>Feb. 29, 1956</u> to <u>Jan. 8, 1958</u> and last saw <u>him</u> alive on <u>Jan. 7, 1958</u> . Death occurred at <u>1:00</u> a. m. on the date stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE (Degree or title) <u>William Heibert, D.O.</u>				22b. ADDRESS <u>2 Creve Coeur, Mo.</u>		22c. DATE SIGNED <u>1/8/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-11-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Ev. Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Bellefontaine, Missouri</u>	
24. FUNERAL DIRECTOR <u>Baumann Bros. Inc.</u> 2504 Woodson Rd., Overland, Mo.				25. DATE RECD. BY LOCAL REG. <u>1-8-58</u>		26. REGISTRAR'S SIGNATURE <u>Hubert A. Danks, M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare Public, service

300

1-1-58

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Signature of Student Embalmer

Signed *David C. Gibson*.....

Licensed Embalmer No. *348*

P. O. Address *Overland*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.