

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038120

STATE FILE NUMBER

10462

FILED NOV 10 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar No.

300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION FIRMIN-DESLOGE-HOSP		Length of stay in 1b 45 YRS. & 26 <sup>0</sup>	
6. STREET ADDRESS 1304A WRIGHT-ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last JOHANNA GERTRUDE PRANGER			4. DATE OF DEATH Month Day Year 10 30 58
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 30 <sup>TH</sup> 1890
9. AGE (In years last birthday) 68 YRS.		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE-WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) ST. LIBORY-NEBRASKA / U. S. A.
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME BERNARD - PRANGER	
13b. MOTHER'S MAIDEN NAME CATHERINE - BECKER		14. NAME OF HUSBAND OR WIFE NEVER - MARRIED	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address ROSE-PRANGER = 1304A WRIGHT-ST.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) Atherosclerosis Heart Disease DUE TO (c) Heart Block (Complete) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) H200			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 Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at 7:30 PM on 10/27/58 to 10/30/58 and last saw her alive on 10/30/58		m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS 1325 S. Grand	
22c. DATE SIGNED		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE NOV. 3 <sup>RD</sup> 1958		23c. NAME OF CEMETERY OR CREMATORY CALVARY-CEMETERY	
23d. LOCATION (City, town, or county) ST. LOUIS		(State) MO.	
24. FUNERAL DIRECTOR Brockland Und. Co. 1827-HOGAN-ST.		25. DATE RECD. BY LOCAL REG. NOV - 1 1958	
26. REGISTRAR'S SIGNATURE [Signature]		(H.T.)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Oliver R. Sadwick* .....

Licensed Embalmer No. *4099*

P. O. Address *St. Louis* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.