

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038121

STATE FILE NUMBER

FILED OCT 30 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9911

|   |                                   |   |   |
|---|-----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY                                 |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis</b>  |                                   | c. CITY OR TOWN <b>St. Louis</b>  |   |
| Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>Lutheran Conv. Home</b>  |                                   | Length of stay in lb<br><b>73 yrs</b>   |   |
| d. STREET ADDRESS<br><b>6230 Hoffman</b>  |                                   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |   |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>PAULINE</b> Middle <b>PRANTE</b> Last  |                                   |   | 4. DATE OF DEATH<br>Month <b>Oct.</b> Day <b>14,</b> Year <b>1958</b>                             |
| 5. SEX<br><b>female</b>   | 6. COLOR OR RACE<br><b>white</b>  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Mar. 6, 1885</b>   |
| 9. AGE (In years last birthday)<br><b>73</b>  |                                   | IF UNDER 1 YEAR<br>Months Days Hours Min.   | IF UNDER 24 HRS.<br>Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>housework</b>   |                                   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>at home</b>   | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Missouri</b>                          |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |                                   | 13a. FATHER'S NAME<br><b>Gottlieb Schumann</b>  |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>Clara Beck</b>  |                                   | 14. NAME OF HUSBAND OR WIFE<br><b>August Henry Prante</b>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |                                   | 16. SOCIAL SECURITY NO.<br><b>489-10-8110</b>   | 17. INFORMANT<br><b>August H. Prante, 6230 Hoffman Avenue</b>                                     |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>1 Pulmonary Embolism</b>  |                                   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 hrs</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>2 Lymphoma fib extending into chest</b>   |                                   |   | <b>8 months</b>   |
| DUE TO (c) <b>3 Secondary pneumonia</b>   |                                   |   | <b>2 months</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>465X</b>  |                                   |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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<br>Hour Month, Day, Year<br>a.m.<br>p.m.  |                                   | 20d. INJURY OCCURRED WHILE AT <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 <b>26 Aug 58</b> to <b>14 Oct 58</b> and last saw her alive on <b>14 Oct 58</b><br>Death occurred at <b>6:05 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                   |   |   |
| 22a. SIGNATURE<br><b>Frank Neeson</b>   |                                   | 22b. ADDRESS<br><b>4209 S Kingshighway</b>  |   |
| (Degree or title)<br><b>MD</b>  |                                   | 22c. DATE SIGNED<br><b>15 Oct 58</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>  | 23b. DATE<br><b>Oct. 17, 1958</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Concordia Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Missouri</b>                       |
| 24. FUNERAL DIRECTOR<br><b>BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave</b>   |                                   | 25. DATE RECD. BY LOCAL REG.<br><b>OCT 16 '58</b>   | 26. REGISTRAR'S SIGNATURE<br><b>J. Carl Smith, M.D.</b>   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Dr. Frank Niesen,  
4209 S. Kingshighway

104 6-8

NO THURSDAY

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 \_\_\_\_\_

Licensed Embalmer No. 4590  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.