Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003748
STATE FILE NUMBER

FILED FEB 11 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 217

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN Clayton (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis County Hosp Length of stay in 1b DOA

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Clayton 4442 Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 227 S. Central Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ALMA Middle V. Last PREISS

4. DATE OF DEATH Month Jan. Day 22, Year 1959

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH July 27, 1889

9. AGE (In years last birthday) 69 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) Retired Secretary

10b. KIND OF BUSINESS OR INDUSTRY Mo. Casualty Co.

11. BIRTHPLACE (City and state or country) St. Louis County, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Otto Preiss

13b. MOTHER'S MAIDEN NAME Louise Luedloff

14. NAME OF HUSBAND OR WIFE Single

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 495-16-8919

17. INFORMANT Miss Eloise Preiss, 227 S. Central, Clayton, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) VENTRICULAR FIBRILLATION — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease — 5 yrs.
~~DUE TO~~ (c) Hypertensive Cardiovascular Disease — 5 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 9-25-53, to 1-22-59 and last saw her/him alive on 12-19-58
Death occurred at DOA arrival 10:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lobel E Koch (Degree or title) M.D.
22b. ADDRESS 35 N. Central, Clayton 5, Mo.
22c. DATE SIGNED 1-23-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1/24/59
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) St. Louis County, Mo. (State)

24. FUNERAL DIRECTOR Louis H Bopp Inc. ADDRESS Kirkwood Mo.
25. DATE RECD. BY LOCAL REG. 1-23-59
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Francis J. Wyland Jr.

Licensed Embalmer No. 4512

P. O. Address Richmond, Mo.

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.