Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 59-011730

MAR 30 1959 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 794

1. PLACE OF DEATH
a. COUNTY ST LOUIS
b. CITY OR TOWN RICHMOND HEIGHTS — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION ST MARY'S HOSP — Length of stay in 1b 16 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST. LOUIS
c. CITY OR TOWN BRENTWOOD 4511 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 8734 FLORENCE — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: MATTIE Middle: Last: PRAX
4. DATE OF DEATH Month: MARCH Day: 21 Year: 1959
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: AUG 20 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): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and state or country): ST PAUL MINN
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME: FRANK AYD
13b. MOTHER'S MAIDEN NAME: MATHILDA SCHNEIDER
14. NAME OF HUSBAND OR WIFE: FRANK PRAX
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.: 472-12-4412
17. INFORMANT: D ORVILLE BICK Address: 8734 FLORENCE

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute myocardial infarction	19 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary thrombosis	19 days
DUE TO (c)	Arteriosclerosis general	estimated 5 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes mellitus 4201

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 March 4, 1959 to March 22, 1959 and last saw her alive on March 21, 1959
Death occurred at 1:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C H Bockelman (Degree or title) M.D.
22b. ADDRESS 2615 Brentwood Blvd
22c. DATE SIGNED 3/23/59

23a. MODE OF DISPOSITION (Burial, Cremation, Removal (Specify)) BURIAL
23b. DATE MAR 25 1959
23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY
23d. LOCATION (City, town, or county) ST. LOUIS (State) MO

24. FUNERAL DIRECTOR Stock Mortuary ADDRESS 889 S BRENTWOOD CLAYTON (Licensed Embalmer's Statement on Reverse Side)
25. DATE RECD. BY LOCAL REG. 3-24-59
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

Doctor, Coroner, etc. must use only standard nomenclature in item 30. No symptoms will be raised. 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 Paul A Winkler

Licensed Embalmer No. 4787

P. O. Address ST. Louis, M

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.