

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-62-007663**

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 98

**FILED DEATH MAR 6 1962**

1. a. COUNTY St. Francois 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY St. Francois

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre Length of stay in 1b 1 Day c. CITY OR TOWN Flat River Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hosp. Inside Limits Yes  No  d. STREET ADDRESS (If outside, give location) 806 St. Francois Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Edward Middle Lewis Last Preuss 4. DATE OF DEATH Month Feb. Day 22 Year 1962

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 8-11-1890 9. AGE (last birthday) 71

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Representative 10b. KIND OF BUSINESS OR INDUSTRY Krey Packing Co. 11. BIRTHPLACE (City and state or country) Denton Texas 12. CITIZEN OF WHAT COUNTRY U S

13a. FATHER'S NAME Ferdinand Preuss 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Lucille Yarbrough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. 17. INFORMANT Lucille Preuss Address 806 St. Francois Flat River Mo.

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

IMMEDIATE CAUSE (a) CEREBRAL THROMBOSIS INTERVAL BETWEEN ONSET AND DEATH 12 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIOSCLEROSIS

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary Emphysema PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

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 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 2-3-62 to 2-22-62 and last saw <sup>him</sup> him live on 2-22-62. Death occurred at 1:10 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. E. Carleton M.D. 22b. ADDRESS Farmington Mo 22c. DATE SIGNED 2-27-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2,26,1962 23c. NAME OF CEMETERY OR CREMATORY Laurel Hills Gardens 23d. LOCATION (City, town, or county) (State) St. Louis Mo.

24. FUNERAL DIRECTOR ADDRESS C Z Boyer & Son Bonne Terre Mo. 25. DATE RECD. BY LOCAL REG. 2-23-1962 26. REGISTRAR'S SIGNATURE Ether Rudloff

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

493

MAR 19 1962

**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 Burlin T. Boyer, Jr

Licensed Embalmer No. 5117

P. O. Address Bonne Terre,

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.