

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021468

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 1628 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 15 1962

1. PLACE OF DEATH
 a. COUNTY SAINT LOUIS
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBSTER GROVES Length of stay in lb 55 days
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GLENWOOD NURSING HOME Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MISSOURI b. COUNTY ST. LOUIS Inside Limits Yes No
 c. CITY OR TOWN ST. LOUIS
 d. STREET ADDRESS (If outside, give location) 275 UNION BLVD. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
ALEXANDER BAER Prue 5 - 30 - 62

5. SEX M 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 4/28/78 9. AGE (last birthday) 84 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
RETIRED MERCHANT READY TO WEAR LATVIA U. S. A.

13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE
HERMAN PRUSANSKY ANNA SLAVINE ROSE PRUE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address
UNK. UNK. MRS. M. MATHES*721 N. MCKNIGHT ROAD

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) myocardial insufficiency INTERVAL BETWEEN ONSET AND DEATH gradual
 DUE TO (b) CVA bilateral hypertensive pneumonia 7 days
 DUE TO (c) hypertensive cardiovascular atherosclerotic heart disease
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) general red + cerebral atherosclerosis; senile psychosis 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 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 4-2-62 to 5-30-62 and last saw ^{her} _{him} alive on 5-29-62
 Death occurred at 9:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Heber H. ... 22b. ADDRESS 1300 Grand Rd. St. L. 19. Mo 22c. DATE SIGNED 5-30-62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 6/1/62 23c. NAME OF CEMETERY UNITED HEBREW TEMPLE 23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI

24. FUNERAL DIRECTOR ADDRESS HERMAN RINDSKOPF, INC. 5216 DELMAR 25. DATE RECD. BY LOCAL REG. 5-31-62 26. REGISTRAR'S SIGNATURE John M. Mumfry

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59

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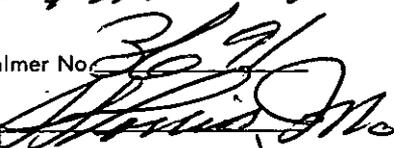
USE BLACK INK OR TYPEWRITER RIBBON

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. 
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.