

NOV 14 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

33862  
Do not use this space.

1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City St. Louis, Mo. (d) Street No. 4303 Shreve St. 781  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 8848

2. PRINT FULL NAME Sophia Prestwood

(a) Residence, No. 4303 Shreve Ave. St. 7  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bernard Prestwood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 4, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
67 0 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

13. NAME ? Bartee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

15. MAIDEN NAME Mary Ann Porch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Ryby O. Tise  
(ADDRESS) 4303 Shreve

18. BURIAL, CREMATION, OR REMOVAL PLACE Martin, Tenn. DATE 10/11/38

19. FUNERAL DIRECTOR Edith E. Ambruster  
(ADDRESS) 4234 Manchester

20. FILED OCT 10 1938 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/10/38, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1938 to Oct 9, 1938

I last saw her alive on Oct 9, 1938. Death is said to have occurred on the date stated above, at 12.30 A.M.

The principal cause of death and related causes of importance were as follows:

Apoplexy (Cerebral) Date of onset Oct 4  
Expulsion

Other contributory causes of importance:

Name of operation Amputation Date of 10/10/38  
What test confirmed diagnosis Amputation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury....., 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....  
(Signed) Carl E. Brubaker M. D.  
(Address) 608-9 North 1st St. St. Louis, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Florenz Eynck....., Licensed Embalmer No. 1284

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Florenz Eynck*

\* Licensed Embalmer No. 1284

**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.)**