

APR 12 1939

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

9091
Do not use this space.
2856

1. PLACE OF DEATH

(a) County 2 Registration District No. 791
(b) Township 1 Primary Registration District No. 1003
(c) City St. Louis (d) Street No. 4248 Flora Blvd. St.
(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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 50 yrs. mos. ds.

2. PRINT FULL NAME Jacob M. Presseisen

(a) Residence, No. 4248 Flora St. 17 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sophie Presseisen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 9 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. tailor
9. Industry or business in which work was done, as saw mill, bank, etc. retired
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) Poland 7

FATHER 13. NAME (unk) Presseisen 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland 7

MOTHER 15. MAIDEN NAME (unk) 7

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

17. INFORMANT Gus Presseisen (ADDRESS) 4248 Flora

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive Heb. DATE 3/27 1939

19. FUNERAL DIRECTOR (NAME) H. B. Berger (ADDRESS) 4715 McPherson

20. FILE MAR 27 1939 J. B. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 24th, 1939, to March 25, 1939 I last saw him alive on March 25, 1939 Death is said to have occurred on the date stated above, at 7:15 p.m.

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

Coronary Artery Thrombosis Date of onset 32539
131

Other contributory causes of importance: Acute Parenchymalosis 3 weeks nephritis probably caused by chr. nephritis

Name of operation none Date of operation none
What test confirmed diagnosis? Sp. & physical no signs

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? none Date of injury none, 19...
Where did injury occur? none (Specify City or town, county, and State)
Specify whether injury occurred in industry, home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Joseph Davison D. (Address) Century Bldg.

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

HERBERT I. BERGER, Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No.

1597

P. O. Address

St. Louis 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 this body is not embalmed, above space should be left blank.