

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4768

FIFTH MAR 12 1940

Registration District No. 701

Primary Registration District No. 1003

Registrar's No. 1598

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Hospital
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days)

8. (a) PRINT FULL NAME Caroline Prior
(b) If veteran, name war None
(c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: August 8 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 6 6 _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Nurse

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew Prior
18. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Theresa
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Stella Crowley
(b) Address 4767 Leduc St.

17. (a) Burial (b) Date thereof Feb. 17 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SSg Peter and Paul Cem.

18. (a) Signature of funeral director Chas. S. Stuart
(b) Address 1225 Union Blvd

19. (a) FEB 16 1940 (b) J. D. Baudisch
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. 764 Clara Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14
year 1940 hour 5:10 minute P M.

21. I hereby certify that I attended the deceased from _____, 1935, to Feb. 14, 1940
that I last saw her alive on February 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Occlusion Duration 2 days

Due to Arteriosclerotic Heart Disease

Due to Lobar pneumonia

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Jo M. Orenstein (M. D. or other)
Address 65300a Easton Ave Date signed 2/15/40

5300 - KALAM
2 P.M.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Guy W. Wilkinson

Licensed Embalmer No. 3575

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