

Registration District No. **791**

Primary Registration District No. **1005**

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:  
**St. John's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME..... **Roger Pranger**

3. (b) If veteran, name war..... **No.** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Child**  
6. (b) Name of husband or wife..... **Child** 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **Nov. 30 1934**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**5 9 7** ..hr. ....min.

9. Birthplace **Carrollton Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Child**

11. Industry or business.....

12. Name..... **George Pranger**

13. Birthplace **Carrollton Illinois**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Blanche Gotway**

15. Birthplace **Hardin Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **George Pranger**

(b) Address..... **Carrollton, Ill.**

17. (a) **Removal** (b) Date thereof **9-8-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Carrollton, Ill.**

18. (a) Signature of funeral director..... **Albert H. Hoppe**

(b) Address..... **4700 Washington Ave.**

19. (a) **SEP 8 1940** (b) *[Signature]*  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Illinois** (b) County.....  
(c) City or town..... **Carrollton** **NR**  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **7**  
year **1940** hour **4:00** minute **PM**

21. I hereby certify that I attended the deceased from.....  
....., 19....., 19.....;

that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **fracture of skull**

*fracture of skull*

Due to..... **fracture of skull**

Due to..... **fracture of skull**

Other conditions..... **Sept - 6 - 1940**

Major findings:..... **Sept - 6 - 1940**

Of cause..... **Sept - 6 - 1940**

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)..... **Open Verdict**

(b) Date of occurrence..... **9/6/40**

(c) Where did injury occur?..... **Carrollton, Ill.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
..... **Public Place**  
(Specify type of place) (e) Means of injury..... **auto**

23. Signature..... **Deputy Coroner** (M. D. or other)  
Address..... **Deputy Coroner** Date signed.....

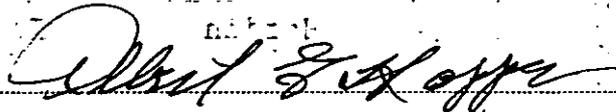
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 3 1940

**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.....



Licensed Embalmer No..... 2971

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**