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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3637

Registration District No. 784 Primary Registration District No. 106 Registrar's No. 170

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Kirkwood, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis Marine Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 84 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17
(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")
(d) Street No. 204 Victor St.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Henry Prigge

3. (b) If veteran, name war unknown 3. (c) Social Security No. unknown

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

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

7. Birth date of deceased October (Month) 21 (Day) 1890 (Year)

8. AGE: Years	Months	Days	If less than one day
51	3	0	hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation Deckhand

11. Industry or business U.S.Drg. Fort Chartres

FATHER
12. Name Carl Frederick Prigge
13. Birthplace ..... (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Anna Maria Julius
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Clinical records of hospital
(b) Address St. Louis Marine Hospital, Kirkwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation St Matthews Cem

18. (a) Signature of funeral director Weick Bros.
(b) Address Grand Bl.

19. (a) JAN 22 1942 (Date received local registrar) (b) C. G. McGarvin M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21st year 1942 hour 5:30 minute AM.

21. I hereby certify that I attended the deceased from October 29th, 1941 to Jan. 21st, 1942; that I last saw him alive on ....., 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intestinal obstruction; Peritoneal abscess and subdiaphragmatic abscess	3 weeks
Due to Gastro-jejunostomy with evisceration, secondary leakage and infection	3 weeks
Due to	
Other conditions Starvation from jejunal fistula (Include pregnancy within 3 months of death)	2 mo.

Major findings:
Of operations Gastric ulcer
Of autopsy same as above

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) No
(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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature W. W. Richards (M. D. or other) 0
Address Marine Hospital, Kirkwood, Date signed 1/21/42

(Licensed Embalmer's Statement on Reverse Side)

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. 3722

P. O. Address 412 Duchouquette

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, fact should be so stated above.