

FILED JUN 10 1942

State File No. ....

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4625**

1. PLACE OF DEATH:

(a) County.....

(b) City or town.....  
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution:  
**Park Lane Hospital** **O**  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Gasconade**

(c) City or town **Hermann**  
(If outside city or town limits, write "RURAL") **NR**

(d) Street No.....  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... **1**

3. (a) PRINT FULL NAME **Gilbert Preiss**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **25**  
year **1942** hour **7:57** P.M. minute..... M.

21. I hereby certify that I attended the deceased from **5-16-42** 19..... to **5-25-42** 19.....  
that I last saw him **im** alive on **5-25-42** 19.....  
and that death occurred on the date and hour stated above.

4. Sex **Male** **O**

5. Color or race **White**

6. (a) Single, widowed, married, divorced. **Married**

(b) Name of husband or wife **Louise Preiss**

6. (c) Age of husband or wife if alive **39** years

7. Birth date of deceased **Aug 4 1905**  
(Month) (Day) (Year)

Immediate cause of death.....  
**acute intestinal obstruction**  
Due to **obstruction**  
**Diverticulosis**  
**of Intestines**

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

8. AGE: Years **36** Months **9** Days **21**  
If less than one day hr..... min.

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

Major findings:  
Of operations.....

Of autopsy.....

9. Birthplace **Stafford Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business.....

12. Name **Louis Preiss**

13. Birthplace **Gasconade County Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Katherine Rausch**

15. Birthplace **Gasconade County Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Louise Preiss**

(b) Address **Hermann, Mo.**

17. (a) **Burial** (b) Date thereof **May 28, 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hermann, MO.**

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

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

19. (a) **May 28 1942** (b) **J. F. Brudick**  
(Date received local registrar) (Registrar's signature)

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?.....

(Specify type of place) (e) Means of injury.....

23. Signature **J. F. Brudick** (M. D. or other) **M. D.**  
Address **4930 Lindell, St. Louis** Date signed **5-26-42**

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

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19  
9

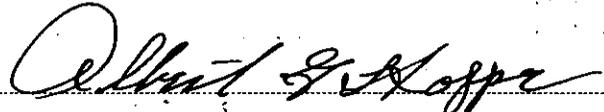
MOTHER FATHER

NOV 29 1951

**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 with the above constitutes grounds for revocation of license.)**

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