

S. No. 2
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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 14 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **63**

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

1. PLACE OF DEATH:

(a) County. **St. Louis**

(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)

(d) Length of stay: In hospital or institution. _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Mo.** (b) County. **St. Louis** ⁹⁶

(c) City or town. **Affton** ^{ONR}
(If outside city or town limits, write "RURAL")

(d) Street No. **6758 Bonnie Ave.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Joseph C. Prevallet**

3. (b) If veteran, name war. **None**

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

4. Sex. **Male** 5. Color or race. **White**

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

6. (b) Name of husband or wife. **Late Julia Prevallet**

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

7. Birth date of deceased. **Nov. 2nd 1873**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 2 0 hr. _____ min.

9. Birthplace. **Perryville Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation. **Buttermaker**

11. Industry or business. **retired 14 Yrs.**

MOTHER FATHER { 12. Name. **Canstant Prevallet**

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

14. Maiden name. **Unknown Marsch**

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

16. (a) Informant. **Ralph W. Prevallet**

(b) Address. **6758 Bonnie Ave.**

17. (a) **Burial** (b) Date thereof. **1-5-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **Calvary Cemetery**

18. (a) Signature of funeral director. **Kriegshausser Mortuar**

(b) Address. **4228 So. Kingshighway Blvd.**

19. (a) **JAN 4 1943** (b) **J. F. Budeck**
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **2nd**
year **1943** hour **8** minute **40 P.** M.

21. I hereby certify that I attended the deceased from **Dec. 1, 1942** to **Jan. 2, 1943**
that I last saw him alive on **Jan. 2, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death. **Arteriosclerotic heart disease**
Pulmonary infarct

Due to **Coronary arteriosclerosis**

Due to _____

Other conditions. **92**
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy. **Arteriosclerosis**
Aortic stenosis. Lung infarcts

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) _____

While at work? _____ (e) Means of injury _____

23. Signature **Barnett & Tausig** (M. D. or other) **M.D.**
Address **4560 Olive St. St. Louis** Date signed **Jan 4/43**

Duration

4 yrs

10 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

Patent Bldg. Tel: 3800

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 Richard W. Stovall

Licensed Embalmer No. 4007

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.