. S. No. 2
OM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19939

State File No.

FILED JUN 25 1943

Registration District No. 1318 Primary Registration District No. 1003 Registrar's No. 5532

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Max Starkloff Hosp 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 56 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000 17
(c) City or town St Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4022 Kennerly
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Jacob Preuss
3. (b) If veteran, name war None
3. (c) Social Security No. 500-18-4242
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased July (Month) 31 (Day) 1861 (Year)

8. AGE: 81 Years ~~82~~ Months 10 Days 15 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation Broom maker
11. Industry or business Anderson Broom Factory
FATHER
12. Name Joseph
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)
16. (a) Informant Mary Preuss
(b) Address 4022 Kennely ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director St Louis Funeral Home
(b) Address 2205 St Louis ave
19. (a) JUN 17 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1943 hour 1 minute 25 A.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism Fracture of Pelvis when deceased fell from a ladder while painting the porch of his home at 4022 Kennerly Ave May
Due to 29, 1943 about 6:00 pm
Other conditions (Include pregnancy within 3 months of death) 186
Major findings:
Of operations 89
Of autopsy

Duration

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) Accident
(b) Date of occurrence May 29 1943
(c) Where did injury occur? St. Louis (City or town) 000 (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury fall

23. Signature Alfred J Perry 3 (M. D. or other)
Address Dept Coroner Date signed 6/16/43

(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. 1860

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.