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42842

S. No. 2  
M-9-4-41  
5-17-39  
PI X2948

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 20 1943

Primary Registration District No. 3038

Registrar's No. 263

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield

(c) Name of hospital or institution: Mc Kerney Hospital  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo County 000

(c) City or town Saint Louis 17  
(If outside city or town limits, write "RURAL") 9

(d) Street No. 911 Victoria  
(If rural, give location)

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

3. (a) PRINT FULL NAME MAX CHARLES PREIS

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June - 15 - 1874  
(Month) (Day) (Year)

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

69 5 26 hr. min.

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

10. Usual occupation R.R. Carpenter

11. Industry or business \_\_\_\_\_

12. Name John Preis

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

14. Maiden name D.K.

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

16. (a) Informant Andrew Preis

(b) Address 6412 Vermont St. Louis

17. (a) Removal Dec (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Saint Louis, Mo. Hill Funeral Chapel

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address Brookfield, Mo.

19. (a) 12-12-43 (b) M. N. Duman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11 year 1943 hour 9 minute 20 P.

21. I hereby certify that I attended the deceased from 12-9-43, 19\_\_\_\_, to 12-11-43, 19\_\_\_\_, that I last saw him alive on 12-11-43 and that death occurred on the date and hour stated above.

Immediate cause of death Traumatic shock Duration 2 da.

Due to Fracture of 4 upper left ribs - + 5 upper right ribs

Due to Fractured chest - + lungs (Accident) Duration 2 da.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 0 Of autopsy 0

PHYSICIAN 1700-6

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 12-9-43 058

(c) Where did injury occur? #36 near Brookfield Linn Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway #36 3 mi. East Brookfield

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

23. Signature J. M. Lang (M. D. or other) Address Brookfield, Mo. Date signed 12/12/43

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

MOTHER FATHER

23  
12/13

FEB 16 1944

DEC 20 1943

JAN 3 1944

**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

*J. H. Blacklock*

Licensed Embalmer No.

*2246*

P. O. Address

*Brookfield Mo*

**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.