

FILED MAY 15 1944  
318

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4109

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
Isolation Hospital-St. Louis  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution From April 24, 1944 to April 28, 1944.  
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County \_\_\_\_\_

(c) City or town Belleville  
(If outside city or town limits, write "RURAL")

(d) Street No. 325 North 11th Street  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Eugene Pruessing

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

4. Sex Male 5. Color or race White 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 August 29, 1934  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
9	7	29	hr. _____ min.

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

10. Usual occupation \_\_\_\_\_

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

12. Name Eugene Pruessing

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

14. Maiden name Freda Oldendorph

15. Birthplace New Athens, Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Edith V. Minor

(b) Address 5600 Arsenal Street

17. (a) Removal (b) Date thereof 4-29-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville, Ill

18. (a) Signature of funeral director J. F. Bruesch

(b) Address Belleville, Ill

19. (a) MAY 3 1944 (b) J. F. Bruesch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 28<sup>day</sup> year 1944 hour 5 minute 15 M.

21. I hereby certify that I attended the deceased from April 24, 1944, 19   to April 28, 1944, 19  ; that I last saw him alive on April 28, 1944, 19  ; and that death occurred on the date and hour stated above.

Immediate cause of death meningococcus meningitis

Due to meningococemia

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

Of autopsy purulent meningitis

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Harold Condit (M. D. or other) M.D.

Address 5600 Arsenal St. Date signed 4-29

Duration

10 days

10 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

100  
17  
2

4109

4109

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**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.

*Not Embalmed*

Signed.....

Licensed Embalmer No.....

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.**