

FILED JUN 18 3 1946

State File No. _____

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **5483**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **2712 S. Compton**
(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 **o.o.d.**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **17 17**
(d) Street No. **2712 S. Compton Ave.**
(If rural, give location) **o**
(e) Citizen of foreign country? **No** (Yes or No) **o**
If yes, name country _____

3. (a) PRINT FULL NAME **Mary Prag**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Severin** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 15 1865**
(Month) (Day) (Year)

8. AGE: Years **81** Months **3** Days **3** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Bernard Brueggemann**

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

14. Maiden name **Anna Marie Willmes**

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

16. (a) Informant **Edward S. Prag**

(b) Address **2712 S. Compton Ave.**

17. (a) **Burial** (b) Date thereof **6/21/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **John N. Kellner, St. Louis, Mo.**

(b) Address **2630 Gravois Ave.**

19. (a) **JUN 20 1946** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **18th**
year **1946** hour **6.20** minute **A** M.

21. I hereby certify that I attended the deceased from **March 5**, 19**46**, to **June 18**, 19**46**, and that death occurred on the date and hour stated above. **June 17**, 19**46**.
that I last saw her alive on _____

Immediate cause of death: **Chronic myocarditis 2 months**
Due to **arterio-sclerosis 2 years**

Due to **hypertension**
chronic interstitial nephritis 4 months
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: **1/2/1**
Of operations _____
Of autopsy _____
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) _____
(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) (c) Means of injury **o**

23. Signature **about 7/10/46** (M. D. or other) _____
Address **1841 Dick** Date signed **6/18/46**

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

MOTHER FATHER

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: *Robert T. Lickner*

Licensed Embalmer No. **4144**

P. O. Address. **2630 Gravois Ave.**

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.