

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **314040**
Registrar's No. **1864**

FILED SEP 24 1948
Registration District No. **217**

Primary Registration District No. **6076**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Manchester Nursing Home 7 Jan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month
(Specify whether
In this community 1 month
years, months or days)

3. (a) PRINT FULL NAME Jenny Prachel
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 Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 14, 1857
(Month) (Day) (Year)

8. AGE: Years 89 Months 6 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace New Orleans, La.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Restaurant Operator

MOTHER FATHER

12. Name August Froebel

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. E. E. Pershall

(b) Address Brown and Lindgergh Rds., St. L. O.

17. (a) burial (b) Date thereof Sept. 9, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander Sam

(b) Address 6175 Delmar Blvd. St. Louis

19. (a) 9-11-48 (b) Paul S. Allen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5739a Page Blvd.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9
year 1946 hour 9:35 minute 19 M.

21. I hereby certify that I attended the deceased from Feb 3
1946, to Sept 7 1946
that I last saw him alive on Sept 5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chc myocarditis
Due to Genil arteriosclerosis

Due to 93d
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
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) _____
(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 _____
Signature Ch Deuney (M, D or other) MD
Address Creve Coeur Mo Date signed 9-7-48

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 *Gas. E. McCallister*

Licensed Embalmer No. *6130 Pelma*

P. O. Address *62460*

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.