

FILED NOV 25 1946
318

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3124a Nebraska Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3124a Nebraska Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph A. Prokes

3. (b) If veteran, name war No 3. (c) Social Security No. 487-14-3966

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florence 6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased March 2 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 8 2 hr. min.

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

10. Usual occupation Salesman

11. Industry or business _____

MOTHER, FATHER { 12. Name Albert Prokes
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Agnes Baumrucker
15. Birthplace Ezecko Slovackia
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Prokes Wife

(b) Address 3124a Nebraska Ave

17. (a) Burial (b) Date thereof Nov 8th 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul Cem

18. (a) Signature of funeral director Petz Funeral Home

(b) Address 3029 Lafayette Ave

19. (a) NOV 7 1946 (b) J. F. Bredet
(Date of medical registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5th
year 1946 hour 3:05 minute P M.
21. I hereby certify that I attended the deceased from 9th 4
_____, 1946 to Nov 5, 1946
that I last saw him alive on 7th Nov 4, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acute Myocarditis 4 days
Due to 9 mo death 15 months
Carcinoma Ovary and
Larynx and Cervix 9 months
Other conditions Primary-Larynx
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy H7
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 _____
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)
(a) Means of injury 11

23. Signature Alvert P. Bina (M. D. or other) _____
Address 1841 2 12th Date signed 11/7/46

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

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed

David Paul Farnsworth

Licensed Embalmer No. *4242*

P. O. Address *329 Lafayette*

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.