

S. No. 2
M-5-43
7-5-17-39
P I X36671

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1174
Registrar's No. _____

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis Mo
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Infirmiry Hospital 0
(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 0-00
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1317
(d) Street No. 5800 Arsenal St. (If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Edward Preston
3. (b) If veteran, name war NONE
3. (c) Social Security No. 489-09-6294

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month February day 2
year 1947 hour 2 minute 15P M.
21. I hereby certify that I attended the deceased from Jan. 31
1946 to Feb. 2, 19 47
that I last saw him alive on Feb. 2, 19 47
and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced (Married) (Sep)
6. (b) Name of husband or wife MARIE PRESTON
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 23 1876
(Month) (Day) (Year)

Immediate cause of death _____
Congestive cardiac failure 4 hrs.
Due to _____
myocardial infection unknown
Autopsy confirmation 0

8. AGE: Years Months Day If less than one day
70 7 18 hr. min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

9. Birthplace Centralia - Ill (City, town, or county) (State or foreign country)
Brewer

10. Usual occupation _____
11. Industry or business BEER BOTTLER
12. Name Elias Preston
13. Birthplace Place Unknown U.S. (City, town, or county) (State or foreign country)
14. Maiden name Amey ?
15. Birthplace Place Unknown U.S. (City, town, or county) (State or foreign country)

16. (a) Informant City Infirmiry Records 2
(b) Address 5800 Arsenal St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 5, 1947 (Month) (Day) (Year)
(c) Place: burial PARKLAWN CEMETERY

18. (a) Signature of funeral director SOUTHERN FUNERAL HOME
(b) Address 6322 S. GRAND BLVD. ST. LOUIS, MO.

19. (a) FEB 4 1947 (Date received local registrar) (b) J. F. Bredack (Registrar's signature)

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 Valius P. Brough (M. D. or other) 0
Address 5800 Arsenal St Date signed 2/3/47

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..... *J. Wm. Ambler*

Licensed Embalmer No. *3657*

P. O. Address. *St. Louis, 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.