

No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 13 1947**  
Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

7957  
State File No. 0  
Registrar's No. 446

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 Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution since 2-18-47  
(Specify whether  
In this community 51 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County one  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2143 Geyer Avenue 9  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No) 1  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME PREUSSER, Henry

3. (b) If veteran, name war World War I 3. (c) Social Security No. unknown

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Pauline Preusser 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased December 15 1895  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>51</u>	<u>2</u>	<u>10</u>	.....hr. ....min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country) 0

10. Usual occupation none

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

12. Name George Preusser 0

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

14. Maiden name Minnie Kloese

15. Birthplace Missouri  
(City, town, or county) (State or foreign country) 0

16. (a) Informant Registrar, Veterans Adm. Hospital

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof Feb. 28-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Wm. C. Moydell,

(b) Address 1926 Allen, St. Louis, Missouri

19. (a) 3-3-47 (b) Ruth G. Allen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25  
year 1947 hour 6:15 minute P. M.

21. I hereby certify that I attended the deceased from 2-18-47  
to 2-25-47, 19\_\_\_\_, to 2-25-47, 19\_\_\_\_;  
that I last saw him alive on 2-25-47  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
SEVERE ANEMIA SECONDARY TO GASTRO-  
INTESTINAL HEMORRHAGE, HEART DISEASE,  
Due to UNDETERMINED. UNK.

Due to CONTRIBUTORY CAUSE: GASTRO-  
INTESTINAL CONDITION, TYPE UNDETER-  
Other conditions MINED. UNK.  
(Include pregnancy within 3 months of death)

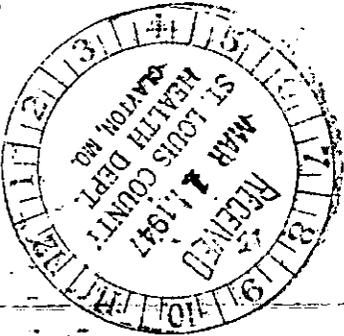
Major findings: \_\_\_\_\_  
Of operations None  
Of autopsy No Autopsy performed  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(c) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (c) Means of injury 0

23. Signature L. E. Stilwell (M. D. or other) \_\_\_\_\_  
Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed \_\_\_\_\_

MAR 20 1947



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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.....

Me....., Registered Apprentice No.....  
working under my personal supervision.

Signed Benj. C. Duncan  
Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.