

No. 2
12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11414

FILED MAR 31 1947

State File No. _____

Registration District No. _____ Primary Registration District No. _____

Registrar's No. 2967

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1930 Oregon
(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. 1930 Oregon
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dora Prunkard

3. (b) If veteran, name war x

3. (c) Social Security No. 492-03-8363

4. Sex f 5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 16, 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>7</u>	<u>1</u>	hr. min.

9. Birthplace Not known Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Laclede Gas

12. Name David Prunkard

13. Birthplace not known Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Phèbe Ellen Thomas

15. Birthplace not known Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Hervers

(b) Address 1930 Oregon

17. (a) burial (b) Date thereof 3/20/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cem

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Grayois

19. (a) MAR 20 1947 (b) J. F. Bredesch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th
year 1947 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 21st,
1946 to March 17th, 1947
that I last saw her alive on March 17th, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

Other conditions: LaGrippe and Acute Bronchitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) No

(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? _____

23. Signature J. F. Bredesch (M. D. or other) M.D.
Address 1319 So. Edwy-St. Louis, Mo Date signed 3-18-47

(Licensed Embalmer's Statement on Reverse Side)

Frank Lemko

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

MOTHER FATHER

000
2317
9
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

W. G. Peterson

Licensed Embalmer No.....

3767

P. O. Address.....

7027 Gravois

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.