

FILED OCT 24 1947

1003

Registration District No. 318

Primary Registration District No.

Registrar's No.

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:  
3331 Indiana Avenue  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community \_\_\_\_\_  
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County San  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3331 Indiana Avenue  
24 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME TINA PRAHL

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Barney Prahl 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 1st, 1869 1879  
 (Month) (Day) (Year)

8. AGE: Years 68 Months 78 Days 0 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name Louis Klee

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

14. Maiden name Christine Heneberger

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

16. (a) Informant Bernice Prahl

(b) Address 3331 Indiana Avenue

17. (a) Burial (b) Date thereof Oct. 11-1947  
 (City or town) (County) (State) (Month) (Day) (Year)

(c) Place of burial or cremation St. Peters

(d) Signature of funeral director Model

(e) Address 1926 Allen Avenue

19. (a) OCT 9 1947 (b) J. F. Budeck  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8th  
 year 1947 hour 6 minute 50 A.M.

21. I hereby certify that I attended the deceased from June 4 1947 to October 6 1947  
 that I last saw him alive on Oct 4 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Coronary Embolism 1 day  
 Due to Chc Myocarditis 5 yrs.  
 Due to Chc Endocarditis Mitral 4 yrs.  
 Other conditions: Chc Bronchitis 4 yrs.  
 (Include pregnancy within 3 months of death)

Major findings of operations none  
 Of autopsy none  
 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 \_\_\_\_\_  
 (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 \_\_\_\_\_  
 23. Signature J. F. Budeck (M. D. or other) MD  
 Address 2767 Harris Ave Date signed Oct 8 47

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

MOTHER FATHER  
 Can. day off  
 Dec. 11-1947

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 *Berj. 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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. ....

Local Registrar's No. 9357

State of Missouri  
City of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 22nd day of October, 1947, before me appears Miss Bernice

Dorothy Prahl, who, upon her oath, states that the original record of ~~birth~~ <sup>XXX</sup> death

for Tina Prahl, died October 8th, 1947, in the State of

Missouri, and which was filed at St. Louis, Mo. on October 10, 1947, should be corrected as follows:

Item No. 7 ~~8~~ should read October 1-1879

Instead of October 1-1869

Item No. 8 should read 68-0-7

Instead of 78-0-7

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Bernice D. Prahl Daughter  
Relationship.

3331 Indiana Avenue

Present Address.

Subscribed and sworn to before me this 22nd day of October, 1947.

My Commission expires Sept. 22nd, 1950

George S. ... Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-36161