

S. No. 2  
-12-45  
5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39331**  
Registrar's No. **194**

FILED NOV 18 1947

Registration District No. **370** Primary Registration District No. **3058**

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

1. PLACE OF DEATH:  
 (a) County **St Charles**  
 (b) City or town **St Charles**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**980 Collier Place**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **61 years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Frank J. Prip**  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. **489-01-9295**

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Eleonora Wehmeyer**  
 6. (c) Age of husband or wife if alive **60** years  
 7. Birth date of deceased **December 10 1885**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>61</b>	<b>10</b>	<b>11</b>	hr. _____ min. _____

9. Birthplace **St Charles Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Machinist**

11. Industry or business **Mfg.**

MOTHER FATHER {  
 12. Name **Frederick Prip** **4**  
 13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Sophia Greenberg** **4**  
 15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Eleonora Prip**  
 (b) Address **980 Collier Pl.**

17. (a) **Burial** (b) Date thereof **Oct. 24 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Lutheran Cemetery**

18. (a) Signature of funeral director **Hackmann-Baum**  
 (b) Address **St Charles Mo.**

19. (a) **11-4-47** (b) **Frank Hamilton**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo** (b) County **St Charles** **92**  
 (c) City or town **St Charles**  
(If outside city or town limits, write "RURAL") **3**  
 (d) Street No. **980 Collier**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **21**  
 year **1947** hour **1** minute **45** M.

21. I hereby certify that I attended the deceased from **Oct. 10** 19**47** to **Oct. 21** 19**47**  
 that I last saw him alive on **Oct. 21** 19**47**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Coronary Occlusion**  
 Due to **Coronary Sclerosis**

Due to \_\_\_\_\_  
 Other conditions (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) \_\_\_\_\_  
 (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) (c) Means of injury  
 23. Signature **Julius [Signature]** (M. D. or other)  
 Address **St Charles Mo** Date signed **10-24-47**

Duration **Instant**  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

*to [unclear]*

Date Filed *11-12-47*

District File Number *H*

District Health Officer No. *9*

RECEIVED

NOV 19 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 *Arthur C. Gane*

Licensed Embalmer No. *3154*

P. O. Address *St Charles 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.