

FILED DEC 31 1947

Registration District No. **273**

Primary Registration District No. **6076**

Registrar's No. **2696**

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
O'Sullivan Nursing Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 yr.
(Specify whether years, months or days)
 In this community 10 yrs.

3. (a) PRINT FULL NAME JOHN HENRY PRESS.

3. (b) If veteran, name war None
 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Emma Press.
 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 30 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>7</u>	<u>23</u>	br. _____ min.

9. Birthplace Smithton Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter.

11. Industry or business _____

12. Name Michael Press.

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

14. Maiden name: Katherine Stumpf.

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

16. (a) Informant Bill Willert
 (b) Address Bill Willert St.

17. (a) Removal. (b) Date thereof Dec. 24, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton

18. (a) Signature of funeral director Edgar A. Balduz

(b) Address Bolleville, Ill.

19. (a) 2-23-47 (b) Cecelia Sharpe
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 91
 (c) City or town Normandy
(If outside city or town limits, write "RURAL")
 (d) Street No. 3715 St. Ann's Lane
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23
 year 1947 hour 7 minute 00 AM.

21. I hereby certify that I attended the deceased from Dec 12, 1946 to Dec 23, 1947
 that I last saw him alive on December 22, 1947,
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Cerebral thrombosis (multiple)
Arteriosclerotic cardio vascular disease
 Due to _____
 Duration 1 month
5 yrs

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
 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) _____
 (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 Lewis L. Thompson (M. D. or other) MD
 Address 8231 Clayton Rd Date signed 12/24/47

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..... *Edgar A. Baldus*.....

Licensed Embalmer No..... *2846*.....

P. O. Address..... *Belleville, Ill*.....

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.