

FILED APR 30 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3871**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**3332 Missouri**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **48 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **000**  
(c) City or town **St. Louis** **17**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3332 Missouri** **9**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mary Prohaska,**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Frank** 6. (c) Age of husband or wife if alive **53** years  
7. Birth date of deceased **AUG 9 1870**  
(Month) (Day) (Year)

8. AGE: Years **77** Months **8** Days **13** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Red Wing Minn**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

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

12. Name **Nickalus Lorge**

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

14. Maiden name **Mary Schoence**

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

16. (a) Informant **Mrs. Lornora Daues**

(b) Address **4549a Varrelmann**

17. (a) **Burial** (b) Date thereof **4/24/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mathews Cemetery**

18. (a) Signature of funeral director **Oscar J. Hoffmeister**

(b) Address **4016 Chippewa**

19. (a) **APR 24 1948** (b) **J. F. Bradeck**  
(Date received for recording) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **22**  
year **1948** hour **3** minute **15** a. M.

21. I hereby certify that I attended the deceased from **now**  
\_\_\_\_\_ 19**45** to **21 Apr** 19**48**  
that I last saw her alive on **21 Apr** 19**48**  
and that death occurred on the date and hour stated above

Immediate cause of death **Cardiac Failure** Duration \_\_\_\_\_

Due to **Chr. Myocarditis** **10 yrs**

Due to **Hypertensive C.V. Disease** **10 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)  
(2) Means of injury \_\_\_\_\_

23. Signature **Charles A. Hester** (M. D. or other) \_\_\_\_\_  
Address **5600 S Compton** Date signed **4-23-48**

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

MOTHER, FATHER

1288  
0871

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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.....

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

Signed *John S. Penney*  
Licensed Embalmer No. *4194*  
P. O. Address.....

**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.**