No. 300
10-48

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6574

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1328

1. PLACE OF DEATH a. COUNTY St. Louis b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Johns Hosp	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY ST. Louis c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wellston d. STREET ADDRESS (If rural, give location) 6401 Hobart Ave

3. NAME OF DECEASED (Type or Print)	a. (First) Andrew	b. (Middle) J	c. (Last) Prost	4. DATE OF DEATH (Month) (Day) (Year) Feb 10 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 13 1890	9. AGE (In years last birthday) 58 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Owner	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Louis Prost	13b. MOTHER'S MAIDEN NAME Caroline Kiefer	14. NAME OF HUSBAND OR WIFE Frances Prost		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frances Prost, 6401 Hobart Ave		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-Sclerotic Hypertensive Cardiac Disease — INTERVAL BETWEEN ONSET AND DEATH 7 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

9 3 2
4 2 2 1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-19 *, 19*42*, to* 2-10 *, 19*49 *that I last saw the deceased alive on* 2-10 *, 19*49 *and that death occurred at* 7.30 *A.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Dr A J Raemdonck MD.	23b. ADDRESS 4349 B West Pine Bg	23c. DATE SIGNED 2-11-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Feb 14 1949	24c. NAME OF CEMETERY OR CREMATORY Removel
24d. LOCATION (City, town, or county) (State) Perryville Missouri		
DATE REC'D BY LOCAL REG. FEB 11 1949	REGISTRAR'S SIGNATURE J B Lasater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Raemdowck
4390 W. Pine St.
Jeff. 1340 1 to 3 p.m.

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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Signed Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont

Signed _____
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.