S. No. 300
Rev. 10.48

PREE

FILED APR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15318

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3064 Registrar's No. 991

1. PLACE OF DEATH
a. COUNTY: St.Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ferguson
c. LENGTH OF STAY (In this place): 3-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Halls Ferry Memorial Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St.Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Normandy
d. STREET ADDRESS (If rural, give location): 7626 Nat'l.Bdirge Road

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle):
c. (Last): Pree

4. DATE OF DEATH (Month) (Day) (Year): April 17,1950

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): S.
8. DATE OF BIRTH: Mar.16,1876
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 1 Days 1 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St.Louis,Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: Henry Pree
13b. MOTHER'S MAIDEN NAME: Sophie Ballman
14. NAME OF HUSBAND OR WIFE:
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: Mrs.Louise Collins,4726 Anderson 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) Myocardial insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular fibrillation
DUE TO (c) Arteriosclerotic Cardiovascular disease — 5 yrs?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic ulcers of ankles, dementia & cachexia

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 422.1
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
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* April 14, 1950, *to* April 17, 1950, *that I last saw the deceased alive on* April 15, 1950, *and that death occurred at* 2:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lewis Littmann MD (Degree or title)
23b. ADDRESS: 8231 Clayton Rd.
23c. DATE SIGNED: 4/17/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 19,1950
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St.Louis,Mo.

DATE REC'D BY LOCAL REG.: 4-17-50
REGISTRAR'S SIGNATURE: Herbert C. Wombe
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Arthur J. Donnelly 3840 Lindell Blvd.
(Licensed Embalmer's Statement on Reverse Side)

Sed.

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

4001
0
4118
1
0

8231 Clayton Road

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Thomas R Tenwick

Signed.....
Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

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.