

FILED MAY 17 1950

STANDARD CERTIFICATE OF DEATH

18546
State File No. 4193

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN ST. LOUIS)		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give OR TOWN ST. LOUIS 2179)			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4018^A RUSSELL BLVD				d. STREET ADDRESS (If rural, give location) 4018^A RUSSELL BLVD			
3. NAME OF DECEASED (Type or Print) a. (First) EMMA		b. (Middle) BARBARA		c. (Last) PROSSER		4. DATE OF DEATH (Month) (Day) (Year) MAY 9, 1950	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH JAN. 16, 1867	
9. AGE (In years last birthday) 83		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) RED BUD, ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOSEPH JAKHE		13b. MOTHER'S MAIDEN NAME THEODORA WAGNER		14. NAME OF HUSBAND OR WIFE WM H. PROSSER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS WM G. PROSSER 4018^A RUSSELL BLVD.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arterio-Sclerosis				INTERVAL BETWEEN ONSET AND DEATH 2 5 1/2	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 422A			
22. I hereby certify that I attended the deceased from 1940 to 1950 , that I last saw the deceased alive on 9 1950 and that death occurred at 9:45 a.m. , from the cause and on the date stated above.							
23a. SIGNATURE W. L. Curran, M.D. (Degree or title)				23b. ADDRESS 3833 Johnson		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 12, 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. MAY 9 1950		REGISTRAR'S SIGNATURE J. B. Sasater		25. FUNERAL DIRECTOR'S SIGNATURE WM J. Robert L. + U. Co.		ADDRESS 1905 So. GRAND BLVD.	

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

50 *with receipt serial 10*

11/12 *5-10-1912*

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 _____

J. Allen Davis Jr

Signed _____
Student Embalmer

Licensed Embalmer No. *405B*

P. O. Address *St. Louis*

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.