

FILED JUN 17 1950

STANDARD CERTIFICATE OF DEATH

21924

State File No.

BIRTH NO.		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. <u>1002</u>		Registrar's No. <u>5079</u>	
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 township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place) 6 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis <u>2179</u>		d. STREET ADDRESS (If rural, give location) 4535 Flad Av <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL							
3. NAME OF DECEASED (Type or Print)		a. (First) Edwin		b. (Middle) William		c. (Last) Prankerd	
4. DATE OF DEATH		(Month) June		(Day) 8,		(Year) 1950	
5. SEX Male <u>0</u>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 3 1895	
9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10b. KIND OF BUSINESS OR INDUSTRY Printing		11. BIRTHPLACE (State or foreign country) Omaha Nebraska <u>1</u>		12. CITIZEN OF WHAT COUNTRY? U S	
13a. FATHER'S NAME Prankerd		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Anna 4535 Flad Av			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Prankerd 4535 Flad Av			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombocytopenic Purpura DUE TO (c) Myelogenous Leukemia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 12 hrs 1 week 2 1/2 yrs	
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 204.1			
22. I hereby certify that I attended the deceased from <u>June 2</u> , 19 <u>50</u> , to <u>June 8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>June 8</u> , 19 <u>50</u> , and that death occurred at <u>3:32 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) FR Prankerd <u>MD</u>				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 6/8/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial <u>0</u>		24b. DATE 6/12/50		24c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery		24d. LOCATION (City, town, or county) (State) St Louis Missouri	
DATE REC'D BY LOCAL JUN 9 1950		REGISTRAR'S SIGNATURE J B Foster		25. FUNERAL DIRECTOR'S SIGNATURE Moydel Funeral Home		ADDRESS 1926 Allen Av	

(Licensed Embalmer's Statement on Reverse Side)

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

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 me

.....
working under my personal supervision.

Student Embalmer No.

Signed Dale G. Strouman

Signed.....
Student Embalmer

Licensed Embalmer No. 4533

P. O. Address. 1926 Allen

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.