

FILED JUL 2 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. **20967**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>5587</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>3 Days</b>		c. CITY OR TOWN <b>New Haven Mo.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Deaconess Hosp.</b>				e. STREET ADDRESS (If rural, give location) <b>D 860</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Erna</b>		b. (Middle) <b>Elizabeth</b>		c. (Last) <b>Meyer</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6 19 54</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>April 30, 1903</b>	
9. AGE (In years last birthday) <b>51</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Factory</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>New Haven Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Hermann Pruessener</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Stephans</b>		14. NAME OF HUSBAND/OR WIFE <b>Benjamin</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>493-01-0331</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. E. Schwentker</b>		ADDRESS <b>New Haven Mo.</b>	
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) <b>Acute intestinal obstruction</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>	
19a. DATE OF OPERATION <b>6/16/54</b>		19b. MAJOR FINDINGS OF OPERATION <b>as above</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <b>5705</b>			
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? _____			
22. I hereby certify that I attended the deceased from <b>6-16-1954</b> to <b>6-19-1954</b> that I last saw the deceased alive on <b>6-19-1954</b> , and that death occurred at <b>106 S. Central</b> from the causes and on the date stated above.							
23a. SIGNATURE (Signed or title) <b>Loise Sauer M.D.</b>				23b. ADDRESS <b>106 S. Central</b>		23c. DATE SIGNED <b>6/21/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6-19-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters, Evangelical</b>		24d. LOCATION (City, town, or county) (State) <b>New Haven Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUN 22 1954</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>A.H. Hoppe 4704 Washington Ave.</b>			

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

SEP 8 1958

JUL 8 1958

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.

Student.....  
Signature of Student Embalmer

Signed *Ray W. Wilkinson* .....

Licensed Embalmer No. *35* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.