V.S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 6 1957

State File No. 38000
Registrar's No. 9956

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Baptist Hospital

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): St Ann
d. STREET ADDRESS (If rural, give location): 10620 St. Lawrence Lane

4076

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3. NAME OF DECEASED (Type or Print)
a. (First): JACOB
b. (Middle): CHARLES
c. (Last): PREISS

4. DATE OF DEATH (Month) (Day) (Year): October 22, 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 22, 1880
9. AGE (In years last birthday): 77
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): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): St. Louis County Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Preiss
13b. MOTHER'S MAIDEN NAME: Sophia Koester
14. NAME OF HUSBAND OR WIFE: Sybil N. Preiss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Sybil N. Preiss 10620 St. Lawrence Lane

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) Hemorrhage Left Cerebrum, extra dural. — 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) Pulmonary embolism — 2 days
DUE TO (c) Generalized arteriosclerosis — 4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 33/x

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] 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* December, 1953, *to* Oct 22, 1957, *that I last saw the deceased alive on* Oct 22, 1957, *and that death occurred at* 10:45P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Norton John Evernall M.D.
23b. ADDRESS: 6356 Clayton Rd. St. Louis 17, Mo
23c. DATE SIGNED: Oct 24 1957

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct 25, 1957
24c. NAME OF CEMETERY OR CREMATORY: Lake Charles Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

DATE REC'D BY LOCAL REG.: Oct 24 57
REGISTRAR'S SIGNATURE: Paul Smith, MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Shepard Funeral Home, 1167 Hamilton Ave.
(Licensed Embalmer's Statement on Reverse Side)

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

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Elton H Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

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.