

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040846

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9858**

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 19 1962

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in this city or town **3 mo.**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Chronic Hospital** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **1224 Victor** Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo.** b. COUNTY _____

3. NAME OF DECEASED (Type or print) First **Tillie** Middle **Von Prusinowski** Last **Von Prusinowski** 4. DATE OF DEATH Month **10-13-62** Day _____ Year _____

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **10/22/1877** 9. AGE (last birthday) **84** IF UNDER 1 YEAR Months **11** Days **21** IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **none** 11. BIRTHPLACE (City and state or country) **Ill.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Louis Wentz** 13b. MOTHER'S MAIDEN NAME **Caroline Wittmer** 14. NAME OF HUSBAND OR WIFE **Theodore Von Prusinowski**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT **Wm. C. Wentz** Address **1226^a Ann**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Cerebral Thrombosis**
 DUE TO (b) **Arteriosclerosis**
 DUE TO (c) **332 X**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from **7-19-62** to **10-13-62** and last saw her/him alive on **10-13-62**
 Death occurred at **12:45 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Ann Higgins, M.P.** (Degree or title) 22b. ADDRESS **634 N. Grand** 22c. DATE SIGNED **10-15-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **Oct. 16 1962** 23c. NAME OF CEMETERY OR CREMATORY **Marine Evang.-Reform** 23d. LOCATION (City, town, or county) (State) **Marine Illinois**

24. FUNERAL DIRECTOR **Schumacher** ADDRESS **3013 Meramec Str.** 25. DATE RECD. BY LOCAL REG. **OCT 15 1962** 26. REGISTRAR'S SIGNATURE **Paul Smith, M.D.**

VS 300 Rev. 4/59

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2 **223**
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4 **1**
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DATE AMENDED

7-2

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

76

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 W E Morris

Licensed Embalmer No. 3360

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.