

SEP 10 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29493
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. **791**
 (b) Township 1 Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **3017** Adams St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Frances Prewitt**

(a) Residence, No. **3017 Adams** St. **18**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **THOMAS**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 74

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **Housework at home**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouria**

13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

15. MAIDEN NAME **Annie Gray**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouria**

17. INFORMANT (ADDRESS) **Liblian Porter**

18. BURIAL, CREMATION, OR REMOVAL **2821 Laclede**

PLACE **Greenwood** DATE **Aug 30**, 19**37**

19. FUNERAL DIRECTOR (ADDRESS) **J.W. Hughes**
2620 Lawton

20. FILED **J. P. Bredeck**
 Local Registrar.

AUG 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8/26** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **8/23** - **8/26** 19**37**

I last saw her alive on **8/23** 19**37** Death is said to have occurred on the date stated above, at **3:50 p.m.**

The principal cause of death and related causes of importance were as follows:

Heart Protrusion
Heart stroke
191
Arteriovascular Hypertension
Emphysema

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury **1**

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify **Int. Blood Pressure** M.-D.
 (Signed) **J. P. Bredeck**
 (Address) **2748 N. Franklin**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

87922
 OCCUPATION
 FATHER
 MOTHER

I X12004

STATEMENT BY LICENSED EMBALMER

I, J.W. Hughes, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Lyda Hughes

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Lyda Hughes

Licensed Embalmer No. 2938

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.)