

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.

007-4 1937

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

32837

Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis, Mo.
(e) Length of residence in city or town where death occurred 6 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
Registration District No. 791
Primary Registration District No. 1003
(d) Street No. 4055a Chouteau Avenue
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

Registered No. 8891

2. PRINT FULL NAME Martha Pryor

(a) Residence, No. 4055a Chouteau Avenue 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 White
5. SINGLE, MARRIED, WIDOWED, OR Widow
(If married, write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF John Pryor
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14th, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 72 5 8

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) About 1928
11. Total time (years) spent in this occupation Abt. 45 yrs

12. BIRTHPLACE (CITY OR TOWN) St. James, Missouri
(STATE OR COUNTRY)

FATHER
13. NAME (Unknown) Brotherton

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Oliver Pryor
(ADDRESS) 3536 Vista Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salem, Missouri DATE Sept. 24th, 1937

19. FUNERAL DIRECTOR Albert H. Hoppe Inc.
(ADDRESS) 429 N. Euclid Avenue

20. FILED SEP 23 1937
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 22nd, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/11, 1937, to 9/22, 1937

I last saw her alive on 9/20, 1937. Death is said to have occurred on the date stated above, at 8:45 A.M.

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

Cancer of breast
Asbestosis
Date of onset March 1937

Other contributory causes of importance:

Asbestosis

Name of operation no Date of no

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no

Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) B. Phaeckler, M. D.

(Address) 1514 So Jefferson Ave

STATEMENT BY LICENSED EMBALMER

I, Albert G. Hoppe, Licensed Embalmer No. 2971

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

L. E.

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

Signed

Albert G. Hoppe

Licensed Embalmer No. 2971

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.)