

FEB 12 1938

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

596  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003** Registered No. **452**  
 (c) City St. Louis, Mo. (d) Street No. City Sanitarium St. 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 Gertrude Pritchard 632

(a) Residence, No. 4204 No Broadway St. **9**  
 (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 DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Pritchard  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1893  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
44 1 17  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 10. Date deceased last worked at this occupation (month and year) 1933  
 11. Total time (years) spent in this occupation 1 1/2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13-38 1938  
 22. I HEREBY CERTIFY That I attended deceased from 6-7-1937, 1937, to 1-13-38, 1938.  
 I last saw h. er alive on 1-13-38, 1938. Death is said to have occurred on the date stated above, at 5:30 A.M. m.  
 The principal cause of death and related causes of importance were as follows:

General Paralysis of the Insane - Putrid  
 Date of onset  
General Paralysis of the Insane 6-7-37x  
 Other contributory causes of importance:  
Hypostatic Broncho-pneumonia 1-10-38

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

FATHER 13. NAME John Wagner  
 14. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Anna Ingram  
 16. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri  
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) William T. Geithner M.D. 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE Jan. 15th. 1938

19. FUNERAL DIRECTOR (ADDRESS) Wacker-Helderle 2331 S. Broadway

20. FILED Jan 14 1938 J. Bredeck Local Registrar

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

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 .....

24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify William T. Geithner M. D.  
 (Signed) (Address) 5400 Arsenal St

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.

SEP 7 1950

STATEMENT BY LICENSED EMBALMER

I, Frank J. O'Rand.

Licensed Embalmer No.

2645

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

L. E.

No.

2645

or by

Registered Apprentice No.

working under my personal supervision.

Signed

Frank J. O'Rand.

Licensed Embalmer No.

2645

**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.)**