

REC'D MAR 24 1938

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

8225
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96
(b) Township _____ Primary Registration District No. _____ Registered No. 327 ~~326~~
(c) City OVERLAND MO. (d) Street No. Comunity Hospital 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

MILLISA PREWITT - 630
(a) Residence, No. 2222 David St. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thos. PREWITT
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 16 1868
7. AGE YEARS 69 MONTHS 11 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.
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
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) KENTUCKY
13. NAME CALVIN TINSLEY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNK.
15. MAIDEN NAME NANCY M^{rs} CONNER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNK.
17. INFORMANT Thos. PREWITT
(ADDRESS) 2222 DAVID ST.
18. BURIAL, CREMATION, OR REMOVAL PLACE UNION CITY TENN. DATE FEB. 22, 1938
19. FUNERAL DIRECTOR E. J. Schum
(ADDRESS) 3125 Delaney av
20. FILED 279 19 38 Missouri M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-19-38 19 _____
22. I HEREBY CERTIFY, That I attended deceased from 2-1-38, 19 _____, to 2-19-38, 19 _____
I last saw her alive on 2-19-38, 19 _____ Death is said to have occurred on the date stated above, at 5:05A.M.
The principal cause of death and related causes of importance were as follows:
Senile Thrombosis Date of onset 7/18
94 to
Other contributory causes of importance:
Spinal Arteriosclerosis
Senility
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Y
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? N
If so, specify _____
(Signed) R. A. Robinson M. D.
(Address) St. Louis County Hospital

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.

STATEMENT BY LICENSED EMBALMER

I, Joseph Kollmer, Licensed Embalmer No. 4014
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Joseph Kollmer

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

Signed Joseph Kollmer
Licensed Embalmer No. 4014

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.)