

REC'D APR 8 1938

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

Do not use this space.

12056

1. PLACE OF DEATH

County *St. Louis*
Township *St. Fred.*
City *Kinloch* (No. _____)

Registration District No. *784*
Primary Registration District No. *113*

File No. _____
Registered No. *438*
St. _____ Ward _____

2. FULL NAME

Flutcher Prince 652

(a) Residence, No. *Wenton* St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. COLOR OR RACE *Negro* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *3-31-1957*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
		<i>11</i>	<i>9</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

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) *St. Louis MO.*

13. NAME *Francis Williams*

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

15. MAIDEN NAME *Cather Prince*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis MO.*

17. INFORMANT *Cather Prince* (ADDRESS) *Wenton St. Kinloch*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington Park 13-10-58*

19. UNDERTAKER *Paul Brost Funeral* (ADDRESS) *1114 Stamps Kinloch*

20. FILED *Mar 9 1938* *J. R. Myers M.D. St. Louis* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-9*, 19*38*

22. I HEREBY CERTIFY, That I attended deceased from *March 6 (6) P. M. to March 9*, 19*38*

I last saw him alive on *March 9*, 19*38* Death is said to have occurred on the date stated above, at *102* m.

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

Broncho Pneumonia Date of onset *3/5/38*

Other contributory causes of importance: *measles*

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 _____

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify _____ (Signed) *Jos. A. Rainey*, M. D.
(Address) *St. Louis Park MO*

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.

B.C.

