

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS 791  
CERTIFICATE OF DEATH

41292  
Do not use this space.

REC'D JAN 11 1938

1. PLACE OF DEATH

(a) County ..... 2 Registration District No. 1003  
(b) Township ..... Primary Registration District No. Registered No. 10984  
(c) City St Louis (d) Street No. Residence 2914 A Howard 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 Katie Prince

(a) Residence, No. 2914 A Howard St. 20 (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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Prince  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV-22-1888  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
50 0 28  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work  
9. Industry or business in which work was done, as 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) Mississippi!

FATHER 13. NAME Unknown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mississippi

MOTHER 15. MAIDEN NAME Katie ?  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Mississippi

17. INFORMANT Joseph Prince (ADDRESS) 2914 A Howard St

18. BURIAL, CREMATION, OR REMOVAL. PLACE Washington Park DATE 12-23-1938

19. FUNERAL DIRECTOR Ellis Funeral Home (ADDRESS) 2820 Stoddard St

20. FILED Jan 22 1938 19: Joe Bredus Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19-1938  
22. I HEREBY CERTIFY, That I attended deceased from Dec, 1938 to Jan, 1939  
I last saw him alive on Jan, 1939. Death is said to have occurred on the date stated above, at 5 A.m.  
The principal cause of death and related causes of importance were as follows:

Gastro-Enteritis  
Other contributory causes of importance: Eating Pork Sausages  
Stomach poisoning from spoiled pork  
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~~, homicide? \_\_\_\_\_ Date of injury 12-18-1938  
Where did injury occur? Home (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury See above  
Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. J. ... M. D.  
(Address) 923 N. ...

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-7-20-37 I. 1. X12604

APR 28 1945

STATEMENT BY LICENSED EMBALMER

I, Lonnie Boykins, Licensed Embalmer No. 2946

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

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

Signed Lonnie Boykins  
Licensed Embalmer No. 2946

**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.)**