REC'D FEB 10 1939

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

791
1003

614
Do not use this space.

614

1. PLACE OF DEATH

(a) County ..... Registration District No. .....

(b) Township ..... Primary Registration District No. ..... Registered No. .....

(c) City St. Louis Mo. (d) Street No. St Louis Childrens 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 630 Cameron Pruitt

(a) Residence, No. ..... St. NR E. Prairie, Mo.
(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: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-26-38

7. AGE — YEARS — MONTHS 2 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Chief
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) E. Prairie, Mo.

FATHER
13. NAME Wm. T.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) E. Prairie, Mo.

MOTHER
15. MAIDEN NAME Ollie Cummins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) E. Prairie, Mo.

17. INFORMANT (ADDRESS) J. H. Blum 500 So. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE East Prairie Mo. DATE Jan. 21, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe Inc. 4700 Washington Blvd.

20. FILED JAN 19 1939 19 J. F. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18- 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-30-38, 19..., to 1-18-, 1939
I last saw him alive on 1-18- 1939 Death is said to have occurred on the date stated above, at 3 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myelomeningocele Congenital	Birth

Other contributory causes of importance: Secondary infection

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

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 .....
(Signed) J. Blattner, M. D.
(Address) 500 So. Kingshighway

(Licensed Embalmer's Statement on Reverse Side)

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

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.