REC'D APR 12 1939

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

791
1003

9068
Do not use this space.

1. PLACE OF DEATH

(a) County ..... / Registration District No. 1003

(b) Township ..... / Primary Registration District No. ..... Registered No. 2833

(c) City St. Louis / (d) Street No. City Hospital No.1 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.

D. 18628 635

2. PRINT FULL NAME Lillie Prudhomme

(a) Residence, No. 3411 Juniata St. 16
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1883

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
55	10	12	

OCCUPATION

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. hwk

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) Wheaton, Pennsylvania

FATHER

13. NAME Newton Bentley /

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania /

MOTHER

15. MAIDEN NAME Katherine Crouch /

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania /

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL
PLACE BEAVER FALLS, PA. DATE Mar. 26, 1939

19. FUNERAL DIRECTOR (NAME) PEETZ BROS.,
(ADDRESS) 3029 LAFAYETTE, ST. LOUIS

20. FILED MAR 25 1939 J. E. Buchek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/25/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/22/39, 19, to 3/25/39, 19

I last saw h. alive on 3/25/39, 19. Death is said to have occurred on the date stated above, at 7.55 a

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

	Date of onset
Cerebral arteriosclerosis	
multiple cerebral softening	

Other contributory causes of importance:

myocardial insufficiency	

Name of operation ..... 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) Edward J. Weiss, M. D.

(Address) City Hospital No.1

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.

FEB 7 1940

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 Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address St. Louis, Mo.

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.)

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