

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

17095
Do not use this space.

1. PLACE OF DEATH
 (a) County..... Registration District No. **791**
 (b) Township or City **St. Louis, Missouri** Primary Registration District No. **1003**
 (c) City..... (d) Street No. **City Sanitarium** St.
 (e) Length of residence in city or town where death occurred **1 1/2** yrs. mo. da. (f) How long in U. S., if of foreign birth? yrs. mo. da.

2. PRINT FULL NAME **Dealo Pruitt**
 (a) Residence, No. **2765 McCausland** St. **3** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Frances Prott Pruitt**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 29, 1886**
7. AGE
 YEARS **52** MONTHS **4** DAYS **20**
 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**
9. Industry or business in which work was done, as saw mill, bank, etc. **Unknown**
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) **Jefferson County, Missouri**

FATHER
13. NAME **Henry Pruitt**
14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) **Unknown Missouri**

MOTHER
15. MAIDEN NAME **Anna Pruitt**
16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) **Unknown Missouri**

17. INFORMANT: (ADDRESS) **John B. Varner, M.D. 5400 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **OLD MINES, MO** DATE **MAY 22, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **CROGHAN 7146 MANCHESTER AV.**

20. FILE **MAY 28 1939**
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-19-39** 19
22. I HEREBY CERTIFY, That I attended deceased from **8-29-38** 19 to **5-19-39** 19
 I last saw him alive on **5-18-39** 19. Death is said to have occurred on the date stated above, at **2:35 A.M.**
 The principal cause of death and related causes of importance were as follows:
Cerebral Thrombosis, left-5-18-39 Date of onset

Other contributory causes of importance:
Arteriosclerosis
Herniorrhaphy (5-8-39)
operation for repair of inguinal hernia
 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 **John B. Varner, M.D.**
 (Signed) **John B. Varner** M. D.
 (Address) **City Sanitarium**

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.

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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.....

working under my personal supervision.

M. J. Croghan

Registered Apprentice No.

Signed.....

M. J. Croghan

Licensed Embalmer No. 2622

P. O. Address.....

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.