

NOV 24 1939
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35890
Do not use this space.

1. PLACE OF DEATH 2

(a) County Cole Registration District No. 1158

(b) Township Osage Primary Registration District No. 5296A

(c) City St. Thomas (d) Street No. _____ 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 652 CHARLES PRINCE

(a) Residence, No. St. Thomas Mo. Col. Co. St. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Katharin Prince</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 5 1845</u>			
7. AGE	YEARS <u>94</u>	MONTHS <u>2</u>	DAYS <u>14</u>
		If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired Farmer</u>		
	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) <u>St. Louis</u> (STATE OR COUNTRY) <u>Mo.</u>			
FATHER	13. NAME <u>Charles Prince</u>		
	14. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)		
MOTHER	15. MAIDEN NAME <u>Unknown</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS) <u>Joe Prince, St. Thomas Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Thomas Cemetery</u> DATE <u>Oct. 19th 1939</u>			
19. FUNERAL DIRECTOR <u>H. H. Strop</u> (ADDRESS) <u>meta Mo</u>			
20. FILED <u>Oct. 19th 1939</u> by <u>F. C. [unclear]</u> Local Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct the 17th 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct the 12th 1939, to Oct the 17th 1939
 I last saw him alive on Oct the 16th 1939. Death is said to have occurred on the date stated above, at 3:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Acute Bulbar Paralysis
8/12

Other contributory causes of importance:
Due to Arterio Sclerosis and Senility

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?
 If so, specify _____
 (Signed) Henry G. Werner, M. D.
 (Address) St. Thomas 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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Embalmed The Body, Licensed Embalmer No. 2924

hereby certify that the body recorded on the reverse side of this certificate was embalmed by H H Strop

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed H H Strop

Licensed Embalmer No. 2924

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.)