FILED AUG 25 1940

. No. 2
-11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23173

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5618

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County 1

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo 9 das (Specify whether
In this community 36 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

D

(a) State Missouri (b) County

(c) City or town St Louis 25
(If outside city or town limits, write "RURAL")

(d) Street No. 1008 N 9th
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James Prettyboy, Jr 1031

3. (b) If veteran, name war Unk

3. (c) Social Security No. Unk

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Sep

6. (b) Name of husband or wife Unk

6. (c) Age of husband or wife if alive Unk years

7. Birth date of deceased July 25, 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	10	28	hr. min.

9. Birthplace ? (City, town, or county) Africa 7 (State or foreign country)

10. Usual occupation Unk

11. Industry or business Unk 7

FATHER
12. Name James Prettyboy 7
13. Birthplace ? (City, town, or county) Africa (State or foreign country)

MOTHER
14. Maiden name Susie Washington
15. Birthplace ? (City, town, or county) Africa (State or foreign country)

16. (a) Informant Florence A Spotts
(b) Address 2601 N Whittier

17. (a) (Burial, cremation, or removal) (b) Date thereof 7-1-40 (Month) (Day) (Year)
(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. Richter
(b) Address 3500 Ritter

19. (a) JUL 1 1940 (Date received local registrar) (b) J. F. Budrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1940 hour 2:40 minute P M.

21. I hereby certify that I attended the deceased from May 14, 1940, to June 23, 1940,
that I last saw him alive on June 23, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease; Congestive Failure — Duration 6-8yrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

95

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury.

23. Signature H. J. Lyman (M. D. or other)
Address 2601 N Whittier Date signed 6/27/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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