U. S. No. 2
M—11-10-39
Rev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34017
8714

NOV 16 1940

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

1. PLACE OF DEATH:

(a) County
(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 2 days (Specify whether
In this community 6 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St Louis
(If outside city or town limits write "RURAL")
(d) Street No. 4247 W St Ferdinand
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John W Prince

3. (b) If veteran, name war ---------

3. (c) Social Security No. -------

4. Sex ~~Female~~ Male

5. Color or race Negro

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

6. (b) Name of husband or wife Emma Prince

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Unavailable abt 1892 (Month) (Day) (Year)

8. AGE: Years abt. 48 Months Days If less than one day hr. min.

9. Birthplace Kemper Co. (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation Barber

11. Industry or business

FATHER
12. Name Jerry Prince
13. Birthplace Kemper Co. (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Isabella Edwards
15. Birthplace Kemper Co. (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Emma Prince
(b) Address 4247w St. Ferdinand Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-25-40 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Bates
(b) Address 4107 Finney Ave.

19. (a) OCT 23 1940 (Date received local registrar) (b) J. F. Gardner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19 year 1940 hour 6:15 minute A. M.

21. I hereby certify that I attended the deceased from Oct 17, 1940, to Oct 19, 1940 that I last saw him alive on Oct 19, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis	4½ mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy As above.	

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

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?
While at work? (Specify type of place) (e) Means of injury

23. Signature N. J. Erwin (M. D. or other)
Address 2600 Whittier Date signed 10/22/40

(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 James A. Johnson, Registered Apprentice No. _____, working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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.