

Registration District No. **791**

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St

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

(c) Name of hospital or institution: 6101 Louisiana
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

FILED DEC 11 1940

3. (a) PRINT FULL NAME Lucy O. Pritchard

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race Wh.

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

6. (b) Name of husband or wife Joseph F. Pritchard

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased 4-11-1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 13 hr. _____ min.

9. Birthplace Pleasant Hill, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER

12. Name Isom B. Gillham

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Donovan

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant J. F. Pritchard

(b) Address 6101 Louisiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-40
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial PK

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6222 S Grand Blvd

19. (a) NOV 25 1940 (b) J. F. Pritchard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____

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

Street No. 6101 Louisiana
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11th day 24th year 1940 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 11-1- 1939, to 11-24- 1940 that I last saw her alive on 11-24- 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Convulsions

Due to Uremia caused by chr. nephritis.

Due to Senility

Other conditions 131
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration _____

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 L. F. Murray (M. D. or other) _____
Address 900 - Russell Bldg Date signed 11-26-40

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

Dr. Murray

1831 S. 9th

9-10

1-3

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

Raymond F. Hoermann

Registered Apprentice No. *275*

working under my personal supervision.

Signed

Virgil L. Berryman

Licensed Embalmer No. *4018*

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, fact should be so stated above.