No. 2
-13-40
-17-39
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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. 40823

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 10594

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township) 5

(c) Name of hospital or institution: 2605 Hadley St. (If not in hospital or institution, write street number or location)

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

In this community 56 Years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 26

(d) Street No. 2605 Hadley Ave (If rural, give location)

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

3. (a) PRINT FULL NAME William Prufrock

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White.

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

6. (b) Name of husband or wife Maud Prufrock.

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased January (Month) 19. (Day) 1883 (Year)

8. AGE: Years 57 Months 11 Days 4 If less than one day hr. min.

9. Birthplace Germany. (City, town, or county) 6 (State or foreign country)

10. Usual occupation Salesman -Novelities. 6

11. Industry or business

FATHER
12. Name Frederick Prufrock.
13. Birthplace Germany. (City, town, or county) 6 (State or foreign country)

MOTHER
14. Maiden name Dont Know.
15. Birthplace Germany. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maud Prufrock.

(b) Address 2605 Hadley Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) DEC 24 1940 (Date received local registrar) (b) J. W. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23rd. year 1940 hour 2:20 minute A. M.

21. I hereby certify that I attended the deceased from 8/23, 1940, to 12/23, 1940; that I last saw him alive on 11/14/, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of buccal mucous membrane	7 mos.
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.

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 William H. Fray (M. D. or other) M.D.

Address Barnard S & C Hosp. Date signed 12/23/40

(Licensed Embalmer's Statement on Reverse Side)

Bernard Kind Cancer Hosp.
3427 Washington this am

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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

If this body is not embalmed, fact should be so stated above.