

FILED APR 17 1942

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County
(b) City or town **SAINT LOUIS:**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
SAINT LOUIS CITY HOSPITAL: **0**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis** **13 9**
(If outside city or town limits, write "RURAL")
(d) Street No. **5800 Arsenal - City Infirmary**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **WILLIAM PRETTYMAN**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **Widower**

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

7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

8. AGE: Years **Abt. 65** Months Days If less than one day
.....hr.min.

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

10. Usual occupation **Barber**

11. Industry or business.....

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown** **970**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **JOHN J. PRETTYMAN**
(b) Address **HOLLYWOOD CALIFORNIA**

17. (a) **BURIAL** (b) Date thereof **4/8/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **MOUNT LEBANON CEM;**

18. (a) Signature of funeral director **C. R. LUPTON & SONS**
(b) Address **7233 DELMAR BLVD.**

19. (a) **APR 8 1942** (b) **J. F. Presick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **6th**
year **1942** hour **11:30** minute **0** P. M.

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

Immediate cause of death **Fracture of Rt. Leg, Arteriosclerosis; suffered when deceased fell to the floor at the City Infirmary, on Sept. 21, 1941 at about 7:30 P.M.**
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) **ACCIDENT** **000**
(b) Date of occurrence **Sept. 21, 1941**
(c) Where did injury occur? **St. Louis, Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Public Place

(Specify type of place) (e) Means of injury **13**
23. Signature **W. H. Perry** (M. D. or other) **3**
Address **1315 E. 12th St. St. Louis** Date signed **4/8/42**

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

19
009
117
9

Not Embalmed —

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 *Clarence H. Murray*
Licensed Embalmer No. *4011*
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.