

FILED AUG 20 1942
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6788

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County _____ 12

(c) City or town St. Louis 2-1-9
(If outside city or town limits, write "RURAL")

(d) Street No. 3416 Lawton Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Waymon Pryor

3. (b) If veteran, name war No

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11th
year 1942 hour 9:30 minute A 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.

4. Sex Male 2

5. Color or race Col

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

6. (b) Name of husband or wife Evelyn Pryor

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased August 2, 1907
(Month) (Day) (Year)

Immediate cause of death Internal hemorrhage - peritonitis from stab wound of stomach + duodenum when he was found at 3416 Lawton Avenue about 8:47 P.M.

Due to Aug 9, 1942 whether he was stabbed during a fight with one Charles Thomson or whether he cut himself

Other conditions one Charles Thomson or
(Include pregnancy within 3 months of death)

8. AGE: Years 35 Months 0 Days 8
If less than one day _____ hr. _____ min.

PHYSICIAN

Major findings: could not be determined

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

9. Birthplace Paris Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

MOTHER FATHER

11. Industry or business _____

12. Name Waymon Pryor, Sr.

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

14. Maiden name Unknown

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

16. (a) Informant Evelyn Pryor

(b) Address 3234 Pine Street.

17. (a) Buried (b) Date thereof 8/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Anthony's

18. (a) Signature of funeral director J. F. Budack

(b) Address 3516 Locust Ave

19. (a) _____ (b) J. F. Budack
(Date received local registrar) (Registrar's signature)

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? 21
(Specify type of place) _____

While at work? _____ (e) Means of injury 3

23. Signature Thomas F. Callahan M.D. or other) _____
Address Deputy Coroner Date signed 8/11/42

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

3/6

43

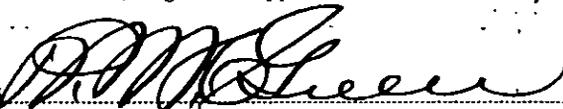
STATEMENT BY LICENSED EMBALMER

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. 1173

P. O. Address 3517 So. 4th 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, fact should be so stated above.