

FILED OCT 14 1942  
Registration District No. 18

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
1121 Tower Grove Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

In this community.....  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis, 18.9  
(If outside city or town limits, write "RURAL")

(d) Street No. 1121 Tower Grove  
(If rural, give location)

(e) Citizen of foreign country?.....  
If yes, name country.....

3. (a) PRINT FULL NAME Alice Bell Pruett

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Soloman 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Feb. 9th 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61	7	26	hr. min.
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9. Birthplace Fredericktown, Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Francis Murry

13. Birthplace Fredericktown, Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Reise Griffin

15. Birthplace Unknown, Tenn. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Soloman Pruett

(b) Address 1121 Tower Grove Ave

17. (a) Burial (b) Date thereof 10-6-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown, Mo.

18. (a) Signature of funeral director Ed H. Webb

(b) Address Fredericktown, Mo.

19. (a) OCT 5 1942 (b) J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5 year 42 hour 7 minute 45 a.m.

21. I hereby certify that I attended the deceased from 25 10 Oct 5 1942  
that I last saw her alive on Oct 1 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to 920

Due to Atrophic Arteritis

Other conditions Atrophic Arteritis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

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)  
(c) Means of injury.....

23. Signature J. F. Brebeck (M. D. or other)  
Address 6336 Clayton Road Date signed 7/9/42

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**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.....

*G. W. Wilkinso*  
.....  
Licensed Embalmer No..... *3575*

P. O. Address.....

**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.**