

FILED DEC 7 1942

State File No. ....

Registration District No. 818

Primary Registration District No. 1008

Registrar's No. 9851

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

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:  
1512 Hebert 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 40 Years.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000  
(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 26129  
(d) Street No. 1512 Hebert St.  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Mattie Pritchett.

3. (b) If veteran, name war No. 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 Charles Pritchett 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased April 2 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 7 24 hr. min.

9. Birthplace Phelps County, Missouri. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER 11. Industry or business

12. Name Joseph Hearin.

13. Birthplace Missouri. 0  
(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 Charles Pritchett

(b) Address 1512 Hebert St.

17. (a) Burial (b) Date thereof 11-27-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgar Springs, Missouri

18. (a) Signature of funeral director Hy. Leidner Und.Co.

(b) Address 2223 St. Louis Ave.

19. (a) Nov 26 1942 (b) J. J. Muleak  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24  
year 1942 hour 4 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from Oct 7 1940 to Nov 24 1942  
and that death occurred on the date and hour stated above.  
that I last saw her alive on Nov 23 1942

Immediate cause of death Chronic myocarditis Duration

Due to 31  
Due to 31

Other conditions Chronic Interstitial Nephritis  
(Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy no 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) none  
(b) Date of occurrence None  
(c) Where did injury occur? None (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? None (Specify type of place) (Means of injury)  
23. Signature J. J. Muleak Address 2223 St. Louis Ave. Date signed

M. J. Harmon  
Grand St. Louis -  
Jan 1800 3-4 Pm

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 John P. Bushholz  
Licensed Embalmer No. 1674  
P. O. Address 2223 So. Louis 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.