3519

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FEB 3 1943

Registration District No. 484 Primary Registration District No. 101 Registrar's No. 213

1. PLACE OF DEATH:
(a) County Dayton
(b) City or town St Louis County Hospital (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 40 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St Louis 9 (If outside city or town limits, write "RURAL")
(d) Street No. 2917 Dayton (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Walter Pride
3. (b) If veteran, name war none
3. (c) Social Security No. 490-051484
4. Sex M
5. Color or race 2 Col
6. (a) Single, widowed, married, divorced 1 Married
6. (b) Name of husband or wife Essie Pride
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Mar (Month) 25 (Day) 1879 (Year)
8. AGE: Years 63 Months 11 Days 2 If less than one day hr. min.
9. Birthplace Barnsville (City, town, or county) Ga 1 (State or foreign country)
10. Usual occupation Porter
11. Industry or business
FATHER 12. Name York Pride
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name Sallie Revere
15. Birthplace (City, town, or county) Ga 1 (State or foreign country)
16. (a) Informant Essie Pride
(b) Address 2917 Dayton st
17. (a) buriel (Burial, cremation, or removal) (b) Date thereof Jan 30-43 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director J. W. Hughes
(b) Address 2520 2620 Lawton Blvd
19. (a) JAN 29 1943 (Date received local registrar) (b) E. G. McGarvey, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month I day 27 year 43 hour minute M.
21. I hereby certify that I attended the deceased from Dec 12, 1942 to , 19 ; that I last saw him alive on Dec 12, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Walter D. Hearst	
Due to Angina Pectoris	
Due to High Blood Pr	
Other conditions Nephritis (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 V. J. Mueller (M. D. or other)
Address 2375 Frank Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

LED FEB 3 1943

FEB 3 1943

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 Lyda Hughes

Licensed Embalmer No. 2938

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.

S. No. 2B
M—8-21-41
I X29288

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. 3519

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 213

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:
(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 (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Walter Pride

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race B

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Mar (Month) 25 (Day) 1879 (Year)

8. AGE: Years 63 Months 11 Days 2 If less than one day min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1943 hour minute 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 Valv. D. Heart Duration
Angina Pectoris

Due to

Due to High blood Pr.

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

Major findings:
Of operations
Of autopsy 131 P

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)
(b) 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 U. J. Mueller (M. D. or other)
Address 2331 Fairfield Date signed