

FILED JUN 9 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4997

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:  
2722 N. 9th 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 ..... (Yes or No)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County .....

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

(d) Street No. 1011 Lafayette Ave  
(If rural, give location)

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

3. (a) PRINT FULL NAME John F. Pritt

3. (b) If veteran, name war. no

3. (c) Social Security No. ....

4. Sex male 5. Color or Race white

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

6. (b) Name of husband or wife Syble Pritt

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Sept. 22, 1888  
(Month) (Day) (Year)

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

54 8 5 hr. min.

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

10. Usual occupation plumber

11. Industry or business .....

MOTHER FATHER {

12. Name Abner Pritt

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

14. Maiden name Nancy Tidwell

15. Birthplace unknown Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant W. L. Pritt--3692 Dwight Ave

(b) Address San Diego, California

17. (a) burial (b) Date thereof 5-31-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director Boyer & Boyer

(b) Address 2228 St. Louis Ave

19. (a) MAY 20 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27  
year 1943 hour 3:26 minute P. M.

21. I hereby certify that I attended the deceased from May 23  
1943 to May 27 1943  
that I last saw him alive on May 27 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma (adenoma)

Due to a) syphilitic  
b) cirrhosis of liver  
c) arteriosclerosis

Other conditions C  
(Include pregnancy within 3 months of death)

Major findings: Of operations 1/6

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 Walter H. Grundmann (M. D. or other) Med.

Address 2519 N. Jefferson St. Date signed 5/28/43

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

---

---

**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 Marie A. Cashion  
Licensed Embalmer No. 3949  
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.**