

FILED NOV 20 1943

1003

Registration District No.

Primary Registration District No.

Registrar's No.

9778

1. PLACE OF DEATH: 318

(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: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 Day
(Specify whether years, months or days)

In this community: _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: 000
17
9 26

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

(d) Street No. 2100 N Broadway
(If rural, give location)

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

3. (a) PRINT FULL NAME: Joseph Prince

3. (b) If veteran, name war: _____

3. (c) Social Security No.: _____

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: 3 Divorcee

6. (b) Name of husband or wife: _____

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

7. Birth date of deceased: June 8 Th 1890
(Month) (Day) (Year)

8. AGE: Years: 53 Months: 4 Days: 29
If less than one day .hr. min.

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

10. Usual occupation: Printer

11. Industry or business: _____

MOTHER FATHER { 12. Name: Henry Prince

13. Birthplace: Cole Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name: Bettie Hunt

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

16. (a) Informant: Betty Beard
(b) Address: 3158 N 14 Th Str 1943

17. (a) Burial (b) Date thereof: Nov 9 Th
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St Peter & Paul Cem

18. (a) Signature of funeral director: Edward Koch
(b) Address: 3516 N 14 Th Str

19. (a) NOV 8 1943 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: NOV day: 6
year: 1943 hour: 4 minutes: 25 P.M.

21. I hereby certify that I attended the deceased from: _____ to: _____
19: _____ to: _____ 19: _____

that I last saw him: _____ alive on: _____ 19: _____
and that death occurred on the date and hour stated above.

Immediate cause of death: *Central nervous system fracture skull, when he fell out the door, and down two steps into the concrete paved sidewalk at St. Albert Hotel Bar about 11:00 pm. Nov 16 1943*

Duration: _____

Other conditions: *186*
(Include pregnancy within 3 months of death)

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations: _____

Of autopsy: _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): *accident*

(b) Date of occurrence: *Nov 16 1943*

(c) Where did injury occur? *St Louis*
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? *no* (Specify type of place)
Means of injury: *fall*

23. Signature: *Thed. Perry* (M. D. or other) _____
Address: *St. Louis* Date signed: *11/18/43*

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.....

Harry J. Schumacher

Licensed Embalmer No. *2679*

P. O. Address..... *732 Lemoyne*

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.