

FILED SEP 8 1944 318

Primary Registration District No. 1003

Registrar's No. 6741 ✓

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of town)
(c) Name of hospital or institution: 3 West of Jackson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town Mexico
(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 Milton Pringle

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased March 5 1861
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 24 If less than one day hr. min.

9. Birthplace St. Charles Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business

12. Name Austin Pringle

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

14. Maiden name Priscilla Logan

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

16. (a) Informant Priscilla Russell

(b) Address 2732 Pine Street

17. (a) Burial (b) Date thereof Aug. 3 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Russell Undt. Co.

(b) Address 2732 Pine Street

19. (a) AUG 2 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1944 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from
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 Rephy. yal. due to drowning when he walked into Mississippi River at the foot of Jackson St. 2.30 pm July 29 1944
Due to
Duration

Other conditions (Include pregnancy within 7 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) suicide

(b) Date of occurrence July 29 1944

(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 (Specify type of place) (b) Means of injury as above

23. Signature Walter Perry (M. D. or other)

Address Rephy. Colonel Date signed 8/2/44

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

1179

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: *J. Russell*
Licensed Embalmer No. *4112*

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.