

#37944

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

676

State File No. _____

FILED FEB 7 1945
318

Registrar's No. _____

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 858 041
17
199

(a) State Missouri (b) County _____

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

(d) Street No. 3744 West Pine St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Kate Pritchett

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27th
year 1945 hour 9:50 minute A. M.

21. I hereby certify that I attended the deceased from 1/23/45
_____ 19, to 1/27/45, 19 _____
that I last saw h. im alive on 1/27/45, 19 _____
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife BAXTER PRITCHETT

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased June 2nd 1894
(Month) (Day) (Year)

Immediate cause of death myelogenous Leukemia

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy same

Duration _____

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

50 7 25 _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business Housewife.

MOTHER FATHER

12. Name Alex. ?

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

14. Maiden name Anna Stepp

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

16. (a) Informant Baxter Pritchett

(b) Address 3744 West Pine St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31/45
(Month) (Day) (Year)

(c) Place: burial or cremation Crittident Co Kentucky

18. (a) Signature of funeral director J. F. Brubaker

(b) Address 1518 Lafayette

19. (a) JAN 28 1945 (Date received local registrar) (b) J. F. Brubaker (Registrar's signature)

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) (e) Means of injury _____

23. Signature James J. Stout (M. D. or other) _____
Address 1518 Lafayette Date signed 1/27/45

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 David Van Johnson

Licensed Embalmer No. 4242

P. O. Address 2906 Grovers

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.