

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4716**
Registrar's No. **1338**

FILED FEB 24 1945
318
Registration District No.

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
Missouri
(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:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 Days**
In this community **5 Days**
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Donald Lee Pruitt**
(b) If veteran, name war **None**
(c) Social Security No. **None**

4. Sex **Male**
5. Color **White**
6. (a) Single, widowed, married, divorced **Single**
(b) Name of husband or wife
(c) Age of husband or wife if alive, years **6 45**
7. Birth date of deceased **2 6 45**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 2 hr. min.

9. Birthplace **Christian Hospital** No **0**
(City, town, or county) (State or foreign country)

10. Usual occupation
11. Industry or business

MOTHER FATHER }
12. Name **John Pruitt**
13. Birthplace **St. Louis** Mo. **0**
(City, town, or county) (State or foreign country)
14. Maiden name **Glady's M. DeMent**
15. Birthplace **St. Louis** Mo. **0**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Pruitt (Father)**
(b) Address **3826 Philbrook Pine Lawn,**

17. (a) **Burial** (b) Date thereof **2/12/45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Mark Tieman**
(b) Address **6100 W. Flannery**

19. (a) **FEB 11 1945** (b) **J. Credech**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
0 00
17
9
NR
(a) State **Missouri** (b) County
(c) City or town **St. Louis,**
(If outside city or town limits, write "RURAL")
(d) Street No. **3826 Philbrook Pine Lawn**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **10th**
year **1945** hour minute M.
21. I hereby certify that I attended the deceased from **Feb. 6**
1945, to **Feb 10 -** **1945**;
that I last saw him alive on **Feb 10**, **1945**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Chinimgoule**
Malformation of skull
157
Due to
Due to
Other conditions **deformed skull**
(Include pregnancy within 3 months of death)

Duration **4 days**
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)
(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? (c) Means of injury

23. Signature **J. P. Rhys** (M. D. optional)
Address **607 N. Grand St.** Date signed **2.10.45**

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..... *Mark [Signature]*

Licensed Embalmer No. *4174*

P. O. Address. *6100 W. Flinn*

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.