S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22438

Registration District No. 318 Primary Registration District No. 1008 Registrar's No. 6588

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: Peoples Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Over twenty years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 1714 N. 11th Street (If rural, give location) 9 26

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Belle Pruitt

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex F 2

5. Color or race Col.

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife James Pruitt

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years About 70 Months Days If less than one day hr. min.

9. Birthplace Huntsville, (City, town, or county) Alabama 1 (State or foreign country)

10. Usual occupation House-wife

11. Industry or business

FATHER 12. Name Unknown

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

MOTHER 14. Maiden name Betty Hooray

15. Birthplace Alabama (City, town, or county) 1 (State or foreign country)

16. (a) Informant Bradie Pruitt

(b) Address 1714 N. 11th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-45 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Al L. Beal Und.

(b) Address 2726 Lucas Avenue

19. (a) JUL 27 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 24-45 year 45 hour 12 A.M. minute M.

21. I hereby certify that I attended the deceased from July 3, 1945 to July 24 1945 that I last saw her alive on July 24 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus Duration 22 days

Due to Sugar in the Blood

Due to

Other conditions (Include pregnancy within 3 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)

(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? (e) Means of injury 0

23. Signature O. W. Johnson (M. D. or other)

Address 1046a N. Vandeventer Date signed 7-27, 45

(Licensed Embalmer's Statement on Reverse Side)

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. A D Richardson

Licensed Embalmer No. 2928

P. O. Address 9625 Glasgow

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.