

FILED REF. 7 1945
Registration District No. **318**

Primary Registration District No. **1003**

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

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:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Jack Prude

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 married
6. (b) Name of husband or wife Rebecca Prude 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased: Feb 4 1903
(Month) (Day) (Year)

8. AGE: Years 42 Months 9 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation laborer

11. Industry or business _____

MOTHER FATHER

12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Rebecca Prude
(b) Address 2924 Lucas

17. (a) Burial (b) Date thereof Dec 4, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park cemetery

18. (a) Signature of funeral director Washington Undertaker
(b) Address 2931 Lucas Ave

19. (a) NOV 29 1945 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 27
(If outside city or town limits, write "RURAL")
(d) Street No. 2924 Lucas Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28
year 1945 hour 2 minute 25 A. M.

21. I hereby certify that I attended the deceased from 11-26, 1945 to 11-28, 1945
that I last saw him alive on 11-28-, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Far Advanced Pulmonary Tuberculosis Duration unk

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 13

Major findings: Of operations _____
Of autopsy No

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. B. Bernard (M. D. or other) 11/28
Address 2601 N. Whittier Date signed _____

JAN 21 1946

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..... *Burleson English*.....

Licensed Embalmer No..... *4208*.....

P. O. Address..... *2931 Luca ave, H. Tex*.....

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.