

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
 Registrar's No. A86

Registration District No. 317 Primary Registration District No. 6076

**FILED** JUL 22 1946

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Wash. Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Robert Wood Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 126 days  
(Specify whether)  
 In this community 28 years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3337 1/2 Meramec  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME PRITCHARD, JESSIE L.  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 490-10-4723

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 14  
 year 1946 hour 10 minute 40 A.M.  
 21. I hereby certify that I attended the deceased from 3-8-46  
3-8, 1946, to 7-14, 1946;

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced no  
 6. (b) Name of husband or wife 1028 Pritchard  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 2 13 1885  
(Month) (Day) (Year)

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Arterial fibrillation  
 Due to myocardial infarct (coronary occlusion)  
 Due to 138  
 Other conditions Arterio Sclerotic Tubercle in Corin  
(Include pregnancy within 3 months of death) FA.

Duration 2 years 3 months  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically. 13

8. AGE: Years 61 Months 5 Days 1  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Fran Clin County Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation mil

11. Industry or business \_\_\_\_\_  
 12. Name Henry C. Pritchard  
 13. Birthplace Illinois Ill  
(City, town, or county) (State or foreign country)  
 14. Maiden name Lou Wick  
 15. Birthplace Illinois Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Wood Hospital Records  
 (b) Address Wash. Mo.

17. (a) BURIAL (b) Date thereof July 17 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST MARCUS Cem. Thus. Curtis & Son

18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address 2906 GRAVOIS

19. (a) 1-16-56 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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) (a) Means of injury

23. Signature Dr. John T. Kabis (M. D. or other) \_\_\_\_\_  
 Address Robert Wood Hospital, Wash. Mo. Date signed 7/14-46

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

23787

JUL 26 1945

SEP 11 1945

**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 Leo J. Budd  
Licensed Embalmer No. 3989  
P. O. Address St. Louis, Mo

**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.**