No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15548

FILED MAY 14 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4624

WRITE PLAINLY—USING 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 G Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3015 Dixon (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Pearl Pringle

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race Col

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 8th, (Day) 1904 (Year)

8. AGE:

Years	Months	Days	If less than one day
43	0	22	hr. min.

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

10. Usual occupation

11. Industry or business Domestic

FATHER
12. Name Floyd Pringle
13. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Loraine Alexander

(b) Address 3015 a Dickson St.

17. (a) Ship (Burial, cremation, or removal) (b) Date thereof 5-7-47 (Month) (Day) (Year)

(c) Place: burial or cremation Meridan Miss,

18. (a) Signature of funeral director Ellis Fun, Home

(b) Address 2820 Stoddard St

19. (a) (Date received local registrar) (b) J. F. Breseck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1947 hour 12 minute 15 A M.

21. I hereby certify that I attended the deceased from 4-22, 1947 to 4-30, 1947 that I last saw her alive on April 30, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Cervix	Undet
Due to	
Due to	
Other conditions NONE (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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

23. Signature Clifford G. Hancock (M. D. or other)

Address 2669 N Whittier Date signed 4/30/47

Jefferson City Printing Co. MAY 7 1947

(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 L. Boyd, Registered Apprentice No. 27, working under my personal supervision.

Signed Lonnie Boffin

Licensed Embalmer No. 2946

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.