No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 21 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25677

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6519

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 1½ month (Specify whether years, months or days) In this community

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. 3538 Lawton (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Prince Irving
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Abt. 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
Abt. 80			hr. min.

9. Birthplace Mississippi (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Unknown
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 Dr. P. A. Ervin
(b) Address 3528 Lawton Ave
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/10/47 (Month) (Day) (Year)
(c) Place: burial or cremation Henderson, Kentucky
18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Ave
19. (a) JUL 10 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 9 year 1947 hour 7 minute 45 A. M.
21. I hereby certify that I attended the deceased from May 23, 1947 to July 9, 1947; that I last saw him alive on July 9, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Right Hydrocele	
Benign Hypertrophy of Prostate	Undet.
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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 John D Clayton (M.D. or other)
Address 2601 N Whittier Date signed 7/9/47

Jefferson City Printing Co. (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 Edgar H. Green Registered Apprentice No. 513 working under my personal supervision.

Signed Melvin E. Green

Licensed Embalmer No. 4428

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.