No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25952

FILED AUG 4 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6916

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: 4424 Forest Park Blvd.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 4424 Forest Park Blvd. 9
(If rural, give location)

(e) Citizen of foreign country? 19 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Matthew A. Prentice

3. (b) If veteran, name war No

3. (c) Social Security No. 493-07-0779

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ethel Prentice

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased February (Month) 12 (Day) 1904 (Year)

8. AGE: Years 43 Months 5 Days 11 If less than one day hr. min.

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

10. Usual occupation Machinist

11. Industry or business

FATHER
12. Name William Henry Prentice
13. Birthplace Nauvoo (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Elizabeth Hamilton
15. Birthplace Quincy (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Albert J. Stamley
(b) Address 4424 Forest Park Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Canton, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUL 24 1947 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1947 hour 3 minute 05 A M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Chronic Hypertrophic

Due to Myocarditis Recompensation

Due to 93

Other conditions
(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 Patrick E. Taylor (M. D. or other)
Address Dep Coroner Date signed 7/24/47

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Henry M. Drammer

Licensed Embalmer No. 4200

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.