

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town SAINT LOUIS:
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
SAINT LUKES HOSPITAL:
(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)

3. (a) PRINT FULL NAME ISABELLE FINDLEY PRYOR

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex FEMALE / 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife EDWARD B. PRYOR 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
ABOUT 92 hr. min.

9. Birthplace SAINT LOUIS, MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business.....

12. Name FINDLEY

13. Birthplace UNK
(City, town, or county) (State or foreign country)

14. Maiden name UNK

15. Birthplace UNK
(City, town, or county) (State or foreign country)

16. (a) Informant ROBERT N. ARTHUR
(b) Address 5257 LINDELL BLVD

17. (a) BURIAL (b) Date thereof JULY 15 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation BELLEFONTAINE CEMETERY

18. (a) Signature of funeral director: C. R. LUPTON & SONS
(b) Address 7233 DELMAR BLVD.

19. (a) J. F. Bredeek (b) J. F. Bredeek
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI: (b) County Mad
(c) City or town SAINT LOUIS: 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5257 LINDELL BLVD. 9
12 (If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No) 10
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 13
year 1947 hour 9 minute 25 A.M.

21. I hereby certify that I attended the deceased from JUNE 25 1947 to JULY 13 1947,
that I last saw him alive on JULY 12 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardio-vascular disease 15 yr.
Due to ARTERIOSCLEROSIS, generalized 20 yr.

Due to.....
Other conditions (Include pregnancy within 3 months of death)
PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
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 James B Jones (M. D. or other).....
Address 337 W. Lockwood Date signed July 13 1947

APR 8 1948

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 Clarence H. Murray.

Licensed Embalmer No. 4011

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.