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FILED OCT 9 1948 318
Registration District No.

Primary Registration District No. 1003

Registrar's No. 8588

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 (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 56 days
(Specify whether years, months or days)
In this community Month 26 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County
(c) City or town E. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1211 Gay St 2
(If rural, give location)
(e) Citizen of foreign country? U.S. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME General Pruitt

3. (b) If veteran name war None. 3. (c) Social Security No. B12-05-592-3

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Lenora Pruitt 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Aug-7-1906
(Month) (Day) (Year)

8. AGE: Years 42 Months 1 Days 22 If less than one day hr. min.

9. Birthplace Blythsville Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Steel Plant

12. Name Grant Pruitt

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

14. Maiden name Mariah Bogart

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

16. (a) Informant Lenora Pruitt

(b) Address EAST ST. LOUIS, ILL
EAST ST. LOUIS, ILL (b) Date thereof OCT 2 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centerville Sta. Ill

18. (a) Signature of funeral director J. M. ...

(b) Address EAST ST. LOUIS, ILL

19. (a) OCT 2 1948 (b) J. F. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29
year 1948 hour 12 minute 40 p. M.

21. I hereby certify that I attended the deceased from August 3 1948 to Sept. 29 1948
that I last saw him alive on Sept. 29 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
General Paresis

Duration Undet.
"

Due to
Due to z

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
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? 0

While at work? (Specify type of place) Means of injury 0

23. Signature Herbert ... (M. D. or other) 9/30/48
Address 2609 N. ... Date signed

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

MOTHER FATHER

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.....

Licensed Embalmer No. *3518*.....

P. O. Address **EAST ST. LOUIS, ILL**.....

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.