

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 6576
1836

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		17 9		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1530 Bacon Street</u> 1				d. STREET ADDRESS (If rural, give location) <u>1530 Bacon Street</u> 0				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) _____ c. (Last) <u>Pruitt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2--24-1949</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>3-1-1844</u>		
9. AGE (In years last birthday) <u>104</u>		10. IF UNDER 1 YEAR: Months <u>11</u> Days <u>23</u>		10. IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Little Rock Ark</u> 1		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Thomas Cornnor</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Widow</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Samuel Overstreet 1530 Bacon St</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis & uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephritis 12/1</u> DUE TO (c) <u>Arterio Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility 592X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> <u>unknown</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>Feb 19, 1949</u> , to <u>Feb 24, 1949</u> , that I last saw the deceased alive on <u>Feb 24, 1949</u> , and that death occurred at <u>6:30 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>S. E. Moore, M.D.</u>				23b. ADDRESS <u>809 N. Jefferson</u>		23c. DATE SIGNED <u>2/25/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3-1-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, County</u>		
DATE REC'D BY LOCAL REG. <u>FEB 27, 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Pauster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. H. Randle & Son 3133 Bell Avenue</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

J. J. Platon

Licensed Embalmer No. _____

2498

P. O. Address _____

2769 Chouteau

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.