

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10535

2878

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 (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 1 wk		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 2855 Missouri Avenue			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. L. City Hosp. #1.									
3. NAME OF DECEASED (Type or Print) JANE PRITT			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Mar. 30-1949			
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED W		8. DATE OF BIRTH Jan. 23-1880			
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR 2		IF UNDER 1 YEAR 7		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) York, Illinois		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME James Legons			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE John Robert				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no; or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gordon Pritt 2855 Missouri Avenue					
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>Diabetic Coma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coriatic Collapse</u> DUE TO (c) <u>Diabetes - Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>61</u>				INTERVAL BETWEEN ONSET AND DEATH	
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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>December 1948</u> , to <u>Mar. 29, 1949</u> , that I last saw the deceased alive on <u>Mar. 29, 1949</u> , and that death occurred at <u>2:00</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Leo P. Young</u> (Degree or title) U.				23b. ADDRESS <u>2621 S. Jefferson</u>		23c. DATE SIGNED <u>3/30/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <u>3-30-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Perma, Missouri</u>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. MAR 30 1949		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. W. McLaughlin</u>		ADDRESS <u>2301 Lafayette</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Leo P. Young
2621 So. Jefferson

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..... *O W Cooper*

Licensed Embalmer No. *3830*

P. O. Address *2301 Pafayette*

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.