

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21554

State File No. _____

FILED JUL 15 1949

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1000 Registrar's No. 8802

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| 1. PLACE OF DEATH a. COUNTY _____ | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) _____ | | c. LENGTH OF STAY (In this place) _____ | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | d. STREET ADDRESS (If rural, give location) _____ | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Belle</u> | b. (Middle) _____ | c. (Last) <u>Pritchard</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 2 1949</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>August 15, 1886</u> | 9. AGE (In years last birthday) <u>62</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hours _____ Min. _____ |
|----------------------|-------------------------------|--|---|---|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MISSOURI</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>William Pritchard</u> | 13b. MOTHER'S MAIDEN NAME <u>Emily Wilkins</u> | 14. NAME OF HUSBAND OR WIFE <u>Virginia Berthold</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Virginia Berthold 5475 Cabanne ave.</u> |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MEDICAL CERTIFICATION Pulmonary Oedema</u> | | INTERVAL BETWEEN ONSET AND DEATH _____ |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>and Congestion; Cardiac</u> DUE TO (c) <u>Hypertrophy; Fibroids</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>of Uterus</u> | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) <u>56</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>21HX</u> |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:38 am from the causes and on the date stated above.

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|---|--------------------------------|--------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Agnes M. Quinn Deputy Registrar</u> | 23b. ADDRESS <u>1300 Clark</u> | 23c. DATE SIGNED <u>7/5/49</u> |
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| 24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>Burial</u> | 24b. DATE <u>July 6, 49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>4947 W. Florrisant ave.</u> |
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| DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE <u>J. B. Pasater</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>G. Hoffmeister U. & L. Co. 7814 S. Broadway</u> |
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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 Harry J. Johnson
Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.