

FILED JUL 25 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 25374

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6033

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission). a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. LENGTH OF STAY (If in place) 20 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital		d. STREET ADDRESS (If rural, give location) Warwick Hotel-1420 Locust			
3. NAME OF DECEASED (Type or Print) a. (First) Pritchett b. (Middle) Walkup c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) July 8, 1949		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Single	8. DATE OF BIRTH Aug. 3, 1888	9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months 11 IF UNDER 100 Hrs. Days 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10b. KIND OF BUSINESS OR INDUSTRY Union News Co.		11. BIRTHPLACE (State or foreign country) Howard County, Mo.	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME James Walkup		13b. MOTHER'S MAIDEN NAME Elizabeth McMaines	
14. NAME OF HUSBAND OR WIFE		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 Mrs. F. L. Forester		ADDRESS Chicago, Ill. 4108 No. Kenmore		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, asthenia, etc. It means the disease, injury, or complication which caused death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR H6 150X	
22. I hereby certify that I attended the deceased from 6/2, 1949, to 7/8, 1949, that I last saw the deceased alive on 7/8, 1949, and that death occurred at 5:20 p.m., from the causes and on the date stated above.					
23a. SIGNATURE J. F. Bergman		(Degree or title) D. M. D.		23b. ADDRESS 3720 Washington	
23c. DATE SIGNED 7/9/49		24a. NAME OF CEMETERY OR CREMATORY		24b. LOCATION (City, town, or county) (State) Moberly Mo.	
24c. DATE 7-10-49		24d. DATE REC'D BY LOCAL REG.		25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly	
25. FUNERAL DIRECTOR'S ADDRESS 3840 Lindell Blvd		DATE 7/11/49			

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

At least in
3720
2-3

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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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Signed *Thomas R. Fenwick*

Signed _____ Student Embalmer

Licensed Embalmer No. *3793*

P. O. Address *3840 Lindell*

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.