V.S. No. 300
Rev. 10.48

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11347

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 804

4002
0

1. PLACE OF DEATH
a. COUNTY: St. Louis County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (in this place): 30 Kin. 60 Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Louis Co. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): So. Kinloch 4090
d. STREET ADDRESS (If rural, give location): 39 Winton Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Lurina
b. (Middle):
c. (Last): Prince

4. DATE OF DEATH (Month) (Day) (Year): 3 - 26 - 1950

5. SEX: Female
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-12-1914
9. AGE (In years last birthday): 36
If under 1 year: Months 6, Days 14
If under 1 hr.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Vickburg Miss.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: George Taylor
13b. MOTHER'S MAIDEN NAME: Emma Robinson
14. NAME OF HUSBAND OR WIFE: Phillip Prince

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Phillip Prince So Kinloch

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.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — 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)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* arterial nephrosclerosis Eurema Cardiac decompensation

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
420.0
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-20, 1950, *to* 3-26, 1950, *that I last saw the deceased alive on* 3-26, 1950, *and that death occurred at* 4:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE K. P. Cobble (Degree or title) M.D.
23b. ADDRESS 601 So. Brentwood, Clayton
23c. DATE SIGNED 3-27-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-29-50
24c. NAME OF CEMETERY OR CREMATORY: Washington Park Cem.
24d. LOCATION (City, town, or county) (State): St. Louis Mo.

DATE REC'D BY LOCAL REGISTRAR: MAR 28 1950
REGISTRAR'S SIGNATURE: Herbert E. Woube, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Boyd Bro. funeral home So Kinloch

(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 Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4548 a Pagl

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.