

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31865**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7916**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 10 yrs		d. STREET ADDRESS (If rural, give location) 2317a rear Cole Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		3. NAME OF DECEASED a. (First) Laura b. (Middle) c. (Last) Prude	
4. DATE OF DEATH (Month) (Day) (Year) 9 15 1950		5. SEX Female 3	
6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH March 8, 1905		9. AGE (In years last birthday) 45 IF UNDER 1 YEAR: Months Days IF UNDER 6 WKS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Memphis, Tenn.		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME John West		13b. MOTHER'S MAIDEN NAME Hattie Davis	
14. NAME OF HUSBAND OR WIFE Ollie Prude		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Ollie Prude, 2317a rear Cole Street	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant hypertension Uremia ANTECEDENT CAUSES DUE TO (b) Undetermined DUE TO (c) Undet. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? HHX		22. I hereby certify that I attended the deceased from 9-9-50 , 19__, to 9-15-50 , 19__, that I last saw the deceased alive on 9-15-50 , and that death occurred at 3:50 P.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Clavin Thompson, M. D.		23b. ADDRESS 2601 N. Whittier	
23c. DATE SIGNED 9-15-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 9-19-50		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Ellis Funeral Home, Inc., 2820 Stoddard St.	
DATE REC'D BY LOCAL REG. SEP 18 1950		REGISTRAR'S SIGNATURE [Signature]	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Fulton E. Culkin

Signed.....
Student Embalmer

Licensed Embalmer No. 4198

P. O. Address Haris

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.