

FILED FEB 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3309**

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3070		Registrar's No. 2225	
1. PLACE OF DEATH a. COUNTY St. Louis County				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) Webster Groves		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) WEBSTER GROVES		d. STREET ADDRESS (If rural, give location) 321 EDGAR RD.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 321 Edgar Rd.				4. DATE OF DEATH (Month) JAN. (Day) 26 , (Year) 1951			
3. NAME OF DECEASED (Type or Print) a. (First) Arthur		b. (Middle) Warren		c. (Last) Prince		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 11-4-1879		9. AGE (In years last birthday) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Professor		10b. KIND OF BUSINESS OR INDUSTRY College		11. BIRTHPLACE (State or foreign country) Ironton, Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Arthur Samuel Prince			13b. MOTHER'S MAIDEN NAME Lucy Jane Brown			14. NAME OF HUSBAND OR WIFE Mayne Frey Prince	
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 ADDRESS Chester J. Prince 321 Edgar Rd.			
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) Myocardial infarction due to ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Occlusion of a coronary artery DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 mo. 3 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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?					
22. I hereby certify that I attended the deceased from July , 1950, to January 26 , 1951, that I last saw the deceased alive on Jan. 26 , 1951, and that death occurred at 7:45 A. M. , from the causes and on the date stated above.							
23a. SIGNATURE James B. Jones				23b. ADDRESS 337 W. Lockwood Webster Groves 19, Mo.		23c. DATE SIGNED Jan. 26, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-27-51		24c. NAME OF CEMETERY OR CREMATORY Jackson Tenn		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 1-26-51		REGISTRAR'S SIGNATURE Herbert R. Donke MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington Blvd.			

RWR (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 *Albert G. Hopper*

Licensed Embalmer No. *2797*

P. O. Address

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.