

FILED NOV 8 1951

STANDARD CERTIFICATE OF DEATH

State File No. 9514

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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) 4 days		d. STREET ADDRESS (If rural, give location) 1912 LaSalle Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE	b. (Middle) CLYDE	c. (Last) PRESCOTT	4. DATE OF DEATH (Month) (Day) (Year) October 25, 1951
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED M	8. DATE OF BIRTH May 28, 1888	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist	10b. KIND OF BUSINESS OR INDUSTRY Warner Drug Co	11. BIRTHPLACE (State or foreign country) Dyersberg, Tennessee	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME John Prescott	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Anna Lee
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Anna Lee Prescott	ADDRESS Bonne Terre Missouri
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemiplegia due to cerebral hemorrhage		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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)
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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? 331X
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22. I hereby certify that I attended the deceased from Sept, 1951, to Oct, 1951, that I last saw the deceased alive on Oct 7, 1951, and that death occurred at 11 A M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ralph Berg</u> (Degree or title)	23b. ADDRESS <u>32038 Grand</u>	23c. DATE SIGNED <u>10/29/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-27-51	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Dyersberg, Tennessee
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DATE REC'D BY LOCAL REG. OCT 29 1951	REGISTRAR'S SIGNATURE <u>J. Earl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin 2301 Lafayette Avenue
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(Licensed Embalmer's Statement on Reverse Side)

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

Mr. Ralph Berg
3203 So. Grand Bl.
12 noon until 2:00 pm

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 L. P. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette St

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.