

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

18422

FILED JUN 6 1952

State File No.

BIRTH NO. 32734

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4654

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, 2709</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>20 2543 Benton St.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Booth Memorial Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SANDRA</u>		b. (Middle) <u>ELAINE</u>	
c. (Last) <u>PRITCHETT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 12 52</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>May 12 1952</u>
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.B.</u>			
13a. FATHER'S NAME <u>Melvin Norman Pritchett</u>		13b. MOTHER'S MAIDEN NAME <u>Theresa Mae Bartley</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Melvin N. Pritchett, 2543 Benton St.</u>		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>16 1/4 hrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrocephalus</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving DUE TO (b)			
		rise to the above cause (a) stating the underlying cause last.			
		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 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? <u>7:52 X</u>	

22. I hereby certify that I attended the deceased from 5/12, 1952, to 5/12, 1952, that I last saw the deceased alive on 5/12, 1952, and that death occurred at 10:37 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Mitchell L. Barlow M.D.</u>		23b. ADDRESS <u>7629 So Broadway</u>		23c. DATE SIGNED <u>5/12/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 14, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pentagon</u>	
24d. LOCATION (City, town, or county) (State) <u>Doer Run, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sparks F. Home</u>		ADDRESS <u>Flat River, MO</u>	
DATE REC'D BY LOCAL REG. <u>MAY 20 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sparks F. Home</u>	

(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 Murphy Sparks
Licensed Embalmer No. 4256
P. O. Address Fort Riving, Mo

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.