

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43737

State File No.

11194

FILED DEC 24 1952

318

1003

Registrar's No.

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

| | | | | | |
|---|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo.</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY | | |
| b. CITY (If outside corporate limits, write RURAL and give town) | | c. LENGTH OF STAY (In this place) | c. CITY (If outside corporate limits, write RURAL and give township) <u>Quincy</u> <u>8120</u> | | d. STREET ADDRESS (If rural, give location) <u>323 College</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Childrens Hospital</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John William</u> b. (Middle) <u>Pritchett</u> c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>December 4, 1952</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u> | 8. DATE OF BIRTH <u>11-21-52</u> | 9. AGE (In years last birthday) <u>13</u> | IF UNDER 1 YEAR Months IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Gurney, Ill.</u> | | 12. CITIZEN OF WHAT COUNTRY? |
| 13a. FATHER'S NAME <u>William Pritchett</u> | | 13b. MOTHER'S MAIDEN NAME <u>Wilma Nelson</u> | 14. NAME OF HUSBAND OR WIFE | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. William Pritchett Quincy, Illinois</u> | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestion of Ascera + Lungs.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>adrenogenital syndrome</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>(COR P.E.T)</u> | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>277X</u> | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2 noon</u> m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>John C. Herweg M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Childrens Hospital</u> | | 23c. DATE SIGNED <u>12-4-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>12-4-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Quincy Memorial Park</u> | 24d. LOCATION (City, town, or county) (State) <u>Quincy, Illinois</u> | | |
| DATE REC'D BY LOCAL REG. <u>DEC 4 1952</u> | REGISTRAR'S SIGNATURE <u>J. C. Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Gerald Fry</u> | ADDRESS <u>Liberty, Illinois</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

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

(T-3-7-219)

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signature

Wm. A. Foyt

Licensed Embalmer No. _____

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.