

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

FILED APR 2 1956

THE DIVISION OF HEALTH OF MISSOURI

XC-Unknown  
Reg. 15045

SI-9287

STANDARD CERTIFICATE OF DEATH

State File No. **11282**  
Registrar's No. **2954**

318

1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONTGOMERY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>915 N. Grand, St. Louis, Mo.</b>		c. LENGTH OF STAY (In this place) <b>7 days</b>	c. CITY OR TOWN <b>WELLSVILLE</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Veterans Administration Hosp.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location)		07801	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>LIONEL</b>	b. (Middle) <b>VICTOR</b>	c. (Last) <b>PRITCHETT</b>	<b>3-21-56</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	8. DATE OF BIRTH <b>7-21-06</b>	9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>VANDALIA, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Harve Pritchett</b>	13b. MOTHER'S MAIDEN NAME <b>Molly Dillon</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
----------------------------------------------	--------------------------------------------------	--------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>yes Korean</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA Hosp. Records, 915 N. Grand, St. Louis, Mo.</b>	ADDRESS
------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------	--------------------------------------------------------------------------------------------	---------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute bronchitis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Unk.</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Cirrhosis of liver</b>		<b>Unk.</b>
	DUE TO (c) <b>Ulceration of esophagus</b>		<b>Unk.</b>
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 <b>581.0</b>	20. AUTOPSY? YES <input checked="" 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?

22. I hereby certify that I attended the deceased from **3-14-56**, 19\_\_\_, to **3-21-56**, 19\_\_\_, that death occurred at **1:35 pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. A. Williams</b>	(Degree or title) <b>M.D. VA Hosp. St. Louis, Mo.</b>	23b. ADDRESS <b>915 N. Grand, VA Hosp. St. Louis, Mo.</b>	23c. DATE SIGNED <b>3-22-56</b>
-----------------------------------------	----------------------------------------------------------	--------------------------------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>3/22/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington, D.C.</b>	24d. LOCATION (City, town, or county) (State) <b>Washington, D.C.</b>
-------------------------------------------------------------	-----------------------------	---------------------------------------------------------------	--------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <b>MAR 23 1956</b>	REGISTRAR'S SIGNATURE <b>Carl Smith Mo</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Edward Fendler Mortuary 5611 S Grand</b>	ADDRESS
------------------------------------------------	-----------------------------------------------	---------------------------------------------------------------------------------	---------

**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.....  
Signature of Student Embalmer

Signed.....

*Francis J. Weyland Jr*

Licensed Embalmer No. 45

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.