

STANDARD CERTIFICATE OF DEATH

22064
5720

FILED JUN 29 1956

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State File No. _____
Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY _____ Missouri									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____ St. Louis		c. LENGTH OF STAY (In this place) _____ yr, _____ mo, _____ da 1 yr, 7 mo, 2 da		c. CITY OR TOWN _____ St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION _____ St. Louis Chronic Hosp.				e. STREET ADDRESS (If rural, give location) _____ / 3 _____ 5379 Reber Place c									
3. NAME OF DECEASED (Type or Print) a. (First) _____ Joseph			b. (Middle) _____ Newton			c. (Last) _____ Prueitt			4. DATE OF DEATH (Month) (Day) (Year) _____ 6 _____ 14 _____ 1956				
5. SEX _____ O		6. COLOR OR RACE _____ M W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____ Widowed		8. DATE OF BIRTH _____ 1/12/1879		9. AGE (In years last birthday) _____ 77		IF UNDER 1 YEAR _____ Months _____ Days _____ Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ Hall Man				10b. KIND OF BUSINESS OR INDUSTRY _____ City Infirmary		11. BIRTHPLACE (City and State or Foreign Country) _____ St. Louis Missouri			12. CITIZEN OF WHAT COUNTRY? _____ USA				
13a. FATHER'S NAME _____ Newton T. Prueitt			13b. MOTHER'S MAIDEN NAME _____ Rose Hannah (Unknown)			14. NAME OF HUSBAND OR WIFE _____ Isabelle Dayball (Decd)							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ no		16. SOCIAL SECURITY NO. _____ none		17. INFORMANT'S SIGNATURE OR NAME _____ Rose Bloss								ADDRESS _____ 6422 Hoffman Ave. 5800 normal	
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.				1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ Pneumonia						INTERVAL BETWEEN ONSET AND DEATH _____ 1 Day			
				ANTECEDENT CAUSES Morbidity 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. Generalized Arteriosclerosis						yes			
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? _____									
22. I hereby certify that I attended the deceased from _____ 11/17 _____, 1954, to _____ 6/14/ _____, 1956, that I last saw the deceased alive on _____ 6/14 _____, 1956, and that death occurred at _____ 9:15 A. m., from the causes and on the date stated above.													
23a. SIGNATURE _____ (Degree or title) George M. Frank, M.D.						23b. ADDRESS _____ 5600 Arsenal			23c. DATE SIGNED _____ 6/15/56				
24a. BURIAL, CREMATION, REMOVAL (Specify) _____ burial		24b. DATE _____ 6-18-56		24c. NAME OF CEMETERY OR CREMATORY _____ New St. Marcus Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis, Missouri						
DATE REC'D BY LOCAL REG. _____ JUN 15 1956		REGISTRAR'S SIGNATURE _____ mjs			25. FUNERAL DIRECTOR'S SIGNATURE _____ Kriegshauser			ADDRESS _____ 4228 S. Kingshighway Blvd					

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.....
Signature of Student Embalmer

Signed..... *Richard W. Stores*

Licensed Embalmer No. *400*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.