

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32346

State File No. _____

FILED SEP 26 1956

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

BIRTH MO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8083**

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 town) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 37 yrs.	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		STREET ADDRESS (If rural, give location) 2112 22932 Sheridan	
3. NAME OF DECEASED (Type or Print) a. (First) Elijah b. (Middle) _____ c. (Last) Pruitt		4. DATE OF DEATH (Month) (Day) (Year) 8 29 56	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 2, 1889
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months 8 Days 27	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Building Trade	11. BIRTHPLACE (City and State or Foreign Country) Midway, Alabama
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Marcus Pruitt	
13b. MOTHER'S MAIDEN NAME Mary (Unk)		14. NAME OF HUSBAND OR WIFE Mrs. Ociel Pruitt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 497-07-1412	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary E. Humphries		ADDRESS 3654 Finney	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of Prostate	
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. Chronic Pyelonephritis Malnutrition and Dehydration	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 177x	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH Undet.	

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 **8-8**, 19**56**, to **8-29**, 19**56**, that I last saw the deceased alive on **8-29**, 19**56**, and that death occurred at **5:10a.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Mrs. E. Humphries		23b. ADDRESS 2601 N. Whittier St.		23c. DATE SIGNED 8-29-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 4, 1956		24c. NAME OF CEMETERY OR CREMATORY Washington park Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE C. J. Nash		ADDRESS 3847 Page	

DATE REC'D BY LOCAL REG. **0-21-56** REGISTRAR'S SIGNATURE **J. Carl Smith MD** (Licensed Embalmer's Statement on Reverse Side)

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..... *C. J. Nash*

Licensed Embalmer No. *2432*

P. O. Address *3847 Payne*

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.