

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 18 1957

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2032

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| BIRTH NO. _____  |  | REG. DIST. NO. 318  |  | PRIMARY REG. DIST. NO. 1003  |  | Registrar's No. 2032   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY _____  |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>                                 |  | c. LENGTH OF STAY (in this place)<br>_____  |  | c. CITY OR TOWN <b>St. Louis</b>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>   |  |   |  | e. STREET ADDRESS (If rural, give location)<br><b>4228 McPherson</b>   |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Charles</b>   |  | b. (Middle) <b>H.</b>   |  | c. (Last) <b>Prudhomme</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Feb. 26 1957</b>   |  |
| 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>White</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   |  | 8. DATE OF BIRTH<br><b>April 22, 1899</b>  |  |
| 9. AGE (In years last birthday) <b>57</b>  |  | IF UNDER 1 YEAR Months _____ Days _____   |  | IF UNDER 1 YEAR Hours _____ Min. _____   |  | IF UNDER 1 YEAR _____  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Interior Decorator</b> |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY _____  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Canada 2</b>  |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>  |  |   |  | 13a. FATHER'S NAME<br><b>Joseph Prudhomme</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Elisabeth DesJardin</b>  |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Isabelle</b>   |  |   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br><b>Yes WW I</b>   |  | 16. SOCIAL SECURITY NO. _____  |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br><b>Isabelle Prudhomme, 4228 McPherson</b>   |  |   |  | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))<br><b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive arteriosclerosis. Cardia-vascular dis. Prostatic hypertrophy. DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Nephrosclerosis.</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>8 years 6 mos. years.</b>   |  |
| 19a. DATE OF OPERATION<br><b>2/16/57</b>   |  |   |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>Prostatic hypertrophy - supra pubic prostatectomy</b>   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><b>No</b>  |  | 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) (Min.) _____   |  |
| 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 <b>1949</b> , to <b>2-26</b> , 19 <b>57</b> that I last saw the deceased alive on <b>2-26</b> , 19 <b>57</b> , and that death occurred at <b>1500</b> m., from the causes and on the date stated above.   |  |  |  |
| 23a. SIGNATURE (Degree or title)<br><b>John J. Hammond M.D.</b>  |  |   |  | 23b. ADDRESS<br><b>634 N. Grand.</b>   |  | 23c. DATE SIGNED<br><b>2/27/57</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |  | 24b. DATE<br><b>3-1-57</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>National Cemetery</b>   |  | 24d. LOCATION (City, town, or county) (State)<br><b>Jefferson Barracks, Mo.</b>  |  |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE<br><b>FEB 28 1957</b>  |  | REGISTRAR'S SIGNATURE<br><b>Carl Smith MD</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Albert H. Hoppe, 4700 Washington Blvd.</b>  |  |  |  |

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

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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.....

*John B. Miller*

Licensed Embalmer No. 3652

P. O. Address *M. Lewis*

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.

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