MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

ED APR 7 1961

— — AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2940

-61-011407
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 460 BELLERIVE BLVD.
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN: ST. LOUIS
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 460 BELLERIVE BLVD.
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ANNIE Middle: ELIZABETH Last: PRUETT
4. DATE OF DEATH: Month: MARCH Day: 27 Year: 1961
5. SEX: FEMALE
6. COLOR OR RACE: CAUCASIAN
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: ~~2/20/1883~~ Jan. 7
9. AGE (last birthday): 78
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (City and state or country): CENTERVILLE, TENN.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: JAMES C. BURCHARD
13b. MOTHER'S MAIDEN NAME: MARY MURPHREE
14. NAME OF HUSBAND OR WIFE: DANIEL S. PRUETT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: DR. DANIEL S. PRUETT
Address: SEE #2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
~~IMMEDIATE~~ CAUSE (a): CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: MINUTES
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ARTERIAL HYPERTENSION — 5 YEARS +
~~DUE~~ TO (c): 331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

E. K. Jackson
Eugene V. Hansbrough
3-29-61

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from ____ to ____ and last saw her alive on 3/27/61
Death occurred at 8:20 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Eugene V. Hansbrough M. D.
22b. ADDRESS: 4401 Hampton Ave
22c. DATE SIGNED: 3/28/61

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 3/30/1961
23c. NAME OF CEMETERY OR CREMATORY: PRUETT CEMETERY
23d. LOCATION (City, town, or county) (State): WAVERLY, TENNESSEE

24. FUNERAL DIRECTOR: HOFFMEISTER COLONIAL MORTUARY
ADDRESS: 6464 CHIPPEWA STREET ST. LOUIS, MISSOURI
25. DATE RECD. BY LOCAL REG.: MAR 28 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
8	1/7/1883	2/20/1883	4/19/61

BY AFFIDAVIT OF Fun. Dir. DOCUMENT

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 Leo C. Branson

Licensed Embalmer No. 4764

P. O. Address St Louis Mo

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.