

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

37627

1. PLACE OF DEATH

County St. Louis Registration District No. 5257 Lindell Blvd.
Township St. Louis Primary Registration District No. 12
City St. Louis (No. 5257 Lindell Blvd.) St. 12 Ward

File No. _____
Registered No. 10304
St. _____ Ward

2. FULL NAME

Edward B. Pryor
(a) Residence, No. 5257 Lindell Blvd. St. 12 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isabel Faudley Pryor
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10, 1854
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 9 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miss Valley Tr. Co.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayetteville, W. Va.

FATHER 13. NAME Joseph William Pryor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atlanta, Georgia

MOTHER 15. MAIDEN NAME Frances Frazier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayetteville, W. Va.

17. INFORMANT May B. Gerdner (ADDRESS) 214 Linden St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Buddhistam's DATE Nov 22, 1932

19. UNDERTAKER Wagoner (ADDRESS) 3621 Olive St.

20. FILED NOV 22 1932 W. C. Sturtevant Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1917, to Nov 20, 1932
I last saw him alive on Nov 20, 1932. Death is said to have occurred on the date stated above, at 1 P.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
59
121
10V

Date of onset Oct 1930

Other contributory causes of importance:

Diabetes Mellitus,
Arterial Hypertension

March 1917
1924

Name of operation _____ Date of _____

What test confirmed diagnosis? Urine St. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes

If so; specify _____

(Signed) W. C. Sturtevant M. D.

(Address) 601 University Club Bldg.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

