WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MAY 22 1933

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

Do not use this space.

12763

1. PLACE OF DEATH
County: Cole — Registration District No.: 213
Township: — Primary Registration District No.: 3014
City: Jefferson City, Mo. No. ..... St. ..... Ward)

File No.: 107
Registered No.:

2. FULL NAME: Robert Francis Prindable

(a) Residence. No. 4672 Palm St., ... Ward. St. Louis Mo.
(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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Do. Know

7. AGE: Years 16 — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Scholar
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer: ✓

9. BIRTHPLACE (CITY OR TOWN): St. Louis,
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Michael J. Prindable
11. BIRTHPLACE OF FATHER (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Katherine McNamara
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): New York
(STATE OR COUNTRY): N.Y.

14. INFORMANT: John Prindable
(Address) 4672 Palm St. Louis Mo.

15. FILED 5/1/1933 J. R. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4/26 1933

17. I HEREBY CERTIFY, That I attended deceased from 4/25, 1933 to 4/26, 1933 that I last saw him alive on 4/26, 1933, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture of skull Occipital Region of left, and base of brain
accidental injury on Ry. Trans, (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Labadie Mo
DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? X Ray
(Signed) W A Clark, M. D.
4/26, 1933 (Address) Jefferson City Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Louis Mo. — DATE OF BURIAL: 4/28/1933

20. UNDERTAKER: Thorpe J. Gordon — ADDRESS: J. C. Mo.