

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

Do not use this space.

18412

1. PLACE OF DEATH

County.....

Registration District No. 791

File No.

Township.....

Primary Registration District No. 008

Registered No. 4667

City St. Louis (No. Christman Hosp. St. Ward)

2. FULL NAME

Richard M. Prindiville

(a) Residence, No. 4519 Calum Ave St. 7 Ward. (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) 6-11-1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. 11 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) St. Louis

13. NAME Floyd Prindiville

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

15. MAIDEN NAME Helen Hoene

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Mo

17. INFORMANT Floyd M. Prindiville (ADDRESS) 4568 Calum Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbus DATE May 29, 1933

19. UNDERTAKER Dr. Schuchert and Co (ADDRESS) 4740 W. Florissant Ave

20. FILED J. F. Predeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-12, 1933 to 5-26, 1933

I last saw h. alive on 5-26, 1933 Death is said to have occurred on the date stated above, at 9:15 a.m.

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

Lobar Pneumonia Date of onset 5-25-33
Septicemia 108 101 36 108 5-25-33

Other contributory causes of importance:
Cervical & Submental Adenitis Previous to 5-12-33

Name of operation..... Date of.....

What test confirmed diagnosis? Yes 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?.....

If so, specify

(Signed) Walter R. Proband

(Address) 718 Beaumont Med Bldg

3720 Washington Ave.

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.

Handwritten signature or name at the top right of the page.

[The main body of the document contains several columns of text that are extremely faint and illegible due to the quality of the scan. The text appears to be organized into a structured format, possibly a ledger or a list of entries, with some lines of text appearing to be separated by horizontal lines.]