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

20191
Do not use this space.

1. PLACE OF DEATH FILED JUL 17 1940
   (a) County ..... Registration District No. 791
   (b) Township ..... Primary Registration District No. 1003 Registered No. 5139
   (c) or City St. Louis, Mo. (d) Street No. City Infirmary St.
   (If death occurred in Hospital or Institution, write its name instead of street and number)
   (e) Length of residence in city or town where death occurred 17 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 652 Walter Prince
   (a) Residence, No. 5800 Arsenal St. 13
   (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? ? 1898

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
42			

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as 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) Unknown Tenn.

FATHER
13. NAME Jack Prince
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tenn.

MOTHER
15. MAIDEN NAME Emma Vincent
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tenn.

17. INFORMANT (ADDRESS) J.G. Sullivan 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE 6-14 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bennie Lone 3103 Washington Blvd

20. FILED JUN 12 1940 J.B. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1938, to June 10, 1940
I last saw him alive on June 10, 1940 Death is said to have occurred on the date stated above, at 3:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative	
Heart Disease	

Other contributory causes of importance:
Arteriosclerosis
Syphilis, Tertiary

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? None

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) Geo. S. Bradford M.D.
(Address) 5800 Arsenal

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Robert H. Powell.

Licensed Embalmer No. 3402

P. O. Address 3100 Franklin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.