

4-13-40
-17-39
I. X23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

23413

State File No. _____

Registrar's No. 5852

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution: St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks
(Specify whether _____)

In this community 40 years
years, months or days

3. (a) PRINT FULL NAME James Arthur Pritchett 632

3. (b) If veteran, name war None SSA-488-01-02

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Minnie 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 11, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61 10 29 _____ hr. _____ min.

9. Birthplace Forestel, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry or business Teasdale Comm. Co.

MOTHER FATHER { 12. Name Wm. H. Pritchett

13. Birthplace Forestel, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah J. Lockett

15. Birthplace Forestel, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Pritchett

(b) Address Forestel, Missouri

17. (a) Burial (b) Date thereof 7/12/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) JUL 12 1940 (b) J. F. Goodrich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4038a DeTonty St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th

28 year 1940 hour 10 minute 30 a.m.

21. I hereby certify that I attended the deceased from June 7, 1940, to July 10, 1940

that I last saw him alive on July 10, 1940

and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis + Broncho pneumonia Duration _____

Due to _____

Due to 131

Other conditions Chronic nephritis arterio sclerosis
(Include pregnancy within 3 months of death)

Major findings: Duodenal ulcer - operation = Pyloroplasty

Of operations _____

Of autopsy not done

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 844

(Specify type of place) _____
(e) Means of injury _____

While at work? _____

23. Signature E. V. Wastley (M. D. or other) MD

Address 3720 Washington Date signed July 10 40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 3317 Lafayette

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 this body is not embalmed, fact should be so stated above.