

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12940**
Registrar's No. **3370**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **Saint Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Saint Mary's Infirmary**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12 days**
(Specify whether
In this community **15 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **Saint Louis**
(If outside city or town limits, write "RURAL") **171**
(d) Street No. **4042 Cook Avenue**
(If rural, give location) **9**
(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Mattie Wheat Pritchett**

3. (b) If veteran, name war **----** 3. (c) Social Security No. **----**

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **John Pritchett** 6. (c) Age of husband or wife if alive **----** years

7. Birth date of deceased **August 27th, 1893**
(Month) (Day) (Year)

8. AGE: Years **47** Months **7** Days **18** If less than one day hr. min.

9. Birthplace **Paris Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Dress-maker**

11. Industry or business **For Self**

12. Name **John Unavailable**

13. Birthplace **Paris Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Atkins**

15. Birthplace **Paris, Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Raymond Pritchett**

(b) Address **4042 Cook Avenue**

17. (a) **Removal** (b) Date thereof **4/19/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Paris, Tennessee**

18. (a) Signature of funeral director **Charles J. Gates**

(b) Address **4107 Finney Avenue**

19. (a) **APR 18 1941** (b) **J. W. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **15th**
year **1941** hour **7** minute **00** P. M.

21. I hereby certify that I attended the deceased from **April 2nd**, 19**41**, to **April 15th**, 19**41**;
that I last saw her alive on **April 15th**, 19**41**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Apoplexy** Duration **13 Days**

Due to _____

Due to _____

Other conditions **80**
(Include pregnancy within 3 months of death)

Major findings: Of operations **80**
Of autopsy **80**

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? _____

While at work? _____ (Specify type of place) _____ Means of injury **3**

23. Signature **X Bentley** (M. D. or other)

Address **#4 South Compton** Date signed **4/17/41**

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

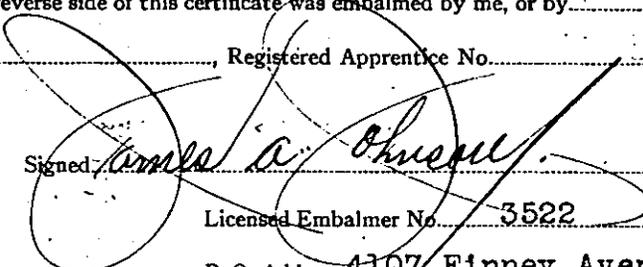
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

James Arthur Johnson

, Registered Apprentice No. _____

working under my personal supervision.

Signed 

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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.