

SEP 17 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6526

1. PLACE OF DEATH: 1941

(a) County: ST. LOUIS

(b) City or town: ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3517 MAGNOLIA AV
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 0 (Specify whether years, months or days)

In this community: 0

2. USUAL RESIDENCE OF DECEASED: 000

(a) State: MISSOURI (b) County: 17

(c) City or town: ST. LOUIS 9
(If outside city or town limits, write "RURAL")

(d) Street No.: 3517 MAGNOLIA AV. 17
(If rural, give location)

(e) Citizen of foreign country?: (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: John H. PRIBBLE

3. (b) If veteran, name war: No

3. (c) Social Security No.: NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: AUG day: 9
year: 1941 hour: 9 2 minute: A.M.

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: ROSETTA PRIBBLE

6. (c) Age of husband or wife if alive: 56 years

7. Birth date of deceased: NOVEMBER 18 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1940 to Aug 9, 1941
that I first saw him on Aug 9, 1941
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	62	8	22	hr. min.

Immediate cause of death: Cerebral Apoplexy 1 wk

Due to: anterior Sclerosis 5 y
hypertension 3 y

Due to: chronic nephritis 13 y

Other conditions: (Include pregnancy within 3 months of death)

9. Birthplace: KENTUCKY 1
(City, town, or county) (State or foreign country)

10. Usual occupation: RETIRED

11. Industry or business: POLICE OFFICER

12. Name: UNK. PRIBBLE

13. Birthplace: UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name: UNKNOWN

15. Birthplace: UNKNOWN 9
(City, town, or county) (State or foreign country)

Major findings: Of operations: 1 2 1

Of autopsy: 1 2 1

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

16. (a) Informant: Rosetta Pribble

(b) Address: 3517 magnolia av

17. (a) BURIAL (b) Date thereof: AUG 11 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: SUN SET BURIAL PK

18. (a) Signature of funeral director: E. J. Schurmer

(b) Address: 3125 Lafayette av

19. (a) AUG 10 1941 (b) J. G. Bredich
(Date received local registrar) (Registrar's signature)

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: _____

23. Signature: George G. Schurmer
Address: 422 W Schurmer St signed 8/9/41

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

079

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.....

Joseph B. Wallner

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Co.*

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.