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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 14 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23027

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6686

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 10 Days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 617

(d) Street No. 2328 MICHIGAN AV. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME CAROL MAE PREWITT

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased JULY (Month) 3 (Day) 1942 (Year)

8. AGE: Years — Months 1 Days 4 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation

11. Industry or business

FATHER
12. Name RUSSELL PREWITT
13. Birthplace ST. LOUIS (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name GLADYS LEISINGER
15. Birthplace ST. LOUIS (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Russell Prewitt

(b) Address 2328 Michigan

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG (Month) 8 (Day) 1942 (Year)

(c) Place: burial or cremation New St. Marcus Cem

18. (a) Signature of funeral director E. J. Schmin

(b) Address 3125 Lafayette av

19. (a) AUG 7 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7, year 1942 hour 8:00 minute 50 A. M.

21. I hereby certify that I attended the deceased from July 29, 1942, to Aug. 7, 1942 that I last saw her alive on Aug. 7, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Hydrocephalic monster

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. S. Maker (M. D. or other)

Address 1 515 Lafayette Date signed 8/7/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....Not Embalmed....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Jos B Vollmer.....

Licensed Embalmer No.....4014.....

P. O. Address.....3125 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.