No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4665

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1178

1. PLACE OF DEATH:
(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: Masonic Home of Missouri 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 yrs (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 12
(c) City or town St Louis 01
(If outside city or town limits, write "RURAL")
(d) Street No. 5351 Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Flora J. Prigmore
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Prigmore
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 5 (Day) 1853 (Year)
8. AGE: Years 89 Months 5 Days 29 If less than one day hr. min.
9. Birthplace Rolla, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER 12. Name Don't Know
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Don't know
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Ina Busch
(b) Address 5351 Delmar St Louis
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/43 (Month) (Day) (Year)
(c) Place: burial or cremation Rolla, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.
19. (a) FEB 5 1943 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4 year 1943 hour 5 minute 40 P.M.
21. I hereby certify that I attended the deceased from July 9 19 28 Feb-4 19 43
that I last saw her alive on Feb-4-1943 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	2yrs
Due to: Senility	1yr
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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 (M. D. or other)
Address Date signed

(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.....

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

working under my personal supervision.

Signed Wilford G Beasley

Licensed Embalmer No. 4202

P. O. Address.....

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.