

S. No. 2  
M-5-42  
5-17-39  
X32-71

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23379

State File No. ....

FILED JUL 17 1943 318

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6234

1. PLACE OF DEATH:

(a) County Saint Louis  
(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1323 North Pendleton Avenue /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 16 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town Saint Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1323 North Pendleton Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Leola Pringle

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 498-03-2379

4. Sex Female 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Horace Pringle 6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased March 12, 1903  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
40 3 25 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Vicksburg, Mississippi /  
(City, town, or county) (State or foreign country)

10. Usual occupation Maid

11. Industry or business Park Plaza Hotel

12. Name Benjamin Long

13. Birthplace Vicksburg, Mississippi /  
(City, town, or county) (State or foreign country)

14. Maiden name Rose Chase

15. Birthplace Vicksburg, Mississippi /  
(City, town, or county) (State or foreign country)

16. (a) Informant Horace Pringle

(b) Address 1323 North Pendleton Avenue

17. (a) Burial (b) Date thereof 7-10-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

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

(b) Address 4107 Finney Avenue

19. (a) (Date received by registrar) Jul 9 1943 (Registrar's signature) J. F. Bredeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7,  
year 1943 hour 12 minute 40 A.M.  
21. I hereby certify that I attended the deceased from JUNE 3  
1943 to July 7, 1943  
that I last saw her alive on July, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Branchopneumonia *Duration 3 days*

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

23. Signature W. F. A. Forde (M. D. or other) \_\_\_\_\_

Address 1034 A. Hagen - Madison, Ill (Signed 7-9-43)

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

**STATEMENT BY LICENSED EMBALMER**

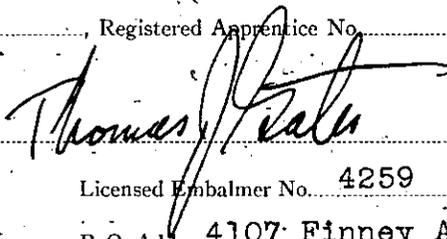
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

**Thomas J. Gates**

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

working under my personal supervision.

Signed.....



Licensed Embalmer No. **4259**

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.**