

FILED JUL 31 1944

318

L 1000

State File No.

Registrar's No.

6460

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 days
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2626 Stoddard
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Dorothy Prevatt

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

4. FEMALE 5. Color or race 3 C 6. (a) Single, widowed, married, divorced 1 MARRIED
6. (b) Name of husband or wife Guy 6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased 7 (Month) 8 (Day) 1908 (Year)

8. AGE: Years 36 Months 0 Days 12 If less than one day hr. min.

9. Birthplace ST LOUIS MO (City, town, or country) (State or foreign country)

10. Usual occupation House Work

MOTHER FATHER

11. Industry or business
12. Name WILLIAM ST GERN
13. Birthplace MO
14. Maiden name IDA OIL
15. Birthplace MO

16. (a) Informant Guy Prevatt
(b) Address 2626 Stoddard

17. (a) Burial (b) Date thereof 7-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bennie Lovel
(b) Address 3103 Washington

19. (a) JUL 22 1944 (Date received local registrar) J. F. Bredsch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20, year 1944 hour 4 minute 35 P. M.

21. I hereby certify that I attended the deceased from June 26, 1944 to July 20, 1944; that I last saw her alive on July 20, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 7 days

Due to 107
Due to

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Same as above 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) (e) Means of injury

23. Signature I. A. Erwin (M. D. or other) 2601 Whittier Address Date signed 7/21/44

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4675 Aldine

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.