V. S. No. 2
200M—8-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32709

State File No. 32709

FILED OCT 20 1944

Registration District No. 8118

Primary Registration District No. 1003

Registrar's No. 8487

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 2247 NORTH MARKET ST.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

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

(d) Street No. 2247 NORTH MARKET ST.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME WALTER W. PRITCHARD

3. (b) If veteran, name war WORLD I

3. (c) Social Security No. 499-01-8458

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife LAURA PRITCHARD

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased JANUARY (Month) 31 (Day) 1891 (Year)

8. AGE: Years 53 Months 8 Days 4 If less than one day hr. min.

9. Birthplace MARSHALL (City, town, or county) Mo. (?) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name HARRY W. PRITCHARD

13. Birthplace (City, town, or county) Mo. (State or foreign country) ?

14. Maiden name EMMA

15. Birthplace (City, town, or county) Mo. (State or foreign country) ?

16. (a) Informant Laura Pritchard

(b) Address 1904 N. SARAH ST.

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

(c) Place: burial or cremation FRIEDENS CEMETERY

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

(b) Address 3125 Lafayette Av

19. (a) OCT 5 1944 (Date received local registrar) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4 year 1944 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;

that I last saw h..... alive on ....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull Laceration of Hemorrhage of Brain while fell over bannister from a point Duration

Due to a step from top of outside Blackway in rear of this home

Due to or about Oct 3 1944 exact time unknown

Other conditions (Include pregnancy within 3 months of death) NO

Major findings:
Of operations No

Of autopsy No

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) Accident

(b) Date of occurrence Oct 3 1944

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? No (e) Means of injury Fall

23. Signature Dr Alfred J Perry (M. D. or other)

Address Deputy Coroner Date signed 10-5-44

(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 Howard F. Rowland

Licensed Embalmer No. 9114

P. O. Address St Louis Mo

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.