V. S. No. 2
100M—5-43
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

State File No. 35753
Registrar's No. 10340

FILED DEC 12 1945

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week (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. 1130 Angelica St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME AUBREY RUSSELL PRUITT
3. (b) If veteran, name war
3. (c) Social Security No. 311-10-3119

4. Sex Male ()
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mabel
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased ~~July~~ June 21 1896 (Month) (Day) (Year)

8. AGE: Years 49 Months 4 Days 7 If less than one day hr. min.

9. Birthplace Henderson (City, town, or county) Ky. (State or foreign country)
10. Usual occupation Emerson Electric Co.
11. Industry or business

FATHER
12. Name Willard T. Pruitt
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Gertrude Pritchett
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant James E. Pruitt
(b) Address 2302 Cedar St., Independence, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 30, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Removal to Evansville, Ind.
18. (a) Signature of funeral director Wacker-Belderle
(b) Address 3634 Gravois Ave.
19. (a) NOV 29 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 28 year 1945 hour 10 minute 00 A.M.
21. I hereby certify that I attended the deceased from 11-22, 1945, to 11-28, 1945, that I last saw him alive on 11-28, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death CANCER OF STOMACH WITH METASTESES TO LIVER, PERIPANCREATIC LYMPH NODES, AND LUNGS

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Joseph W. Noah (M. D. or other)
Address Barnes Hospital, Date signed Jan 11 1946

(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 Robert C Wheeler

Licensed Embalmer No. 2128

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.