

FILED **SEP 21 1946** **STANDARD CERTIFICATE OF DEATH**
1003

Registration District No. **318** Primary Registration District No. _____

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:
City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 mos 3dax**
25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL" _____)

(d) Street No. **2349 Cole St**
(If rural, give location) **No**

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **FRED PRYOR**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Male** 2

5. Color or race **negro**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Georgin**

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

7. Birth date of deceased **December 25 1899**
(Month) (Day) (Year)

8. AGE: Years **46** Months **9** Days **12**

If less than one day _____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business **John Pryor**

MOTHER FATHER { 12. Name **not known** **Tenn**

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

14. Maiden name **Opheelia ?**

15. Birthplace **not known** **Tenn**
(City, town, or county) (State or foreign country)

16. (a) Informant **Helene A. Singler**

(b) Address **5400 Arsenal St**

17. (a) **Burial** (b) Date thereof **10-11-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Granwood Cemetery**

18. (a) Signature of funeral director **Gus Lowe**

(b) Address **2930 Dickson St**

19. (a) **OCT 10 1946** **J. F. Bruback**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **4th**
year **1946** hour **8:10** minute **A. M.**

21. I hereby certify that I attended the deceased from **August 1**, 1946, to **Oct 4**, 1946;
that I last saw him alive on **Oct 4**, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
General Paresis of the Insane **2mos.x**

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy **Lung Abscess**

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 **Leovold Hopstaller** M.D.
Address **5400 Arsenal St** Date signed _____

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 Arthur S. Hilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard Ave

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.