

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11412**
Registrar's No. **3468**

FILED APR 14 1947

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 St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5009 Emough St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community All of her life (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 12-17
(If outside city or town limits, write "RURAL")
(d) Street No. 5009 Emough St. 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME BLANCHE PRINGLE
3. (b) If veteran, name war
3. (c) Social Security No. 492-127-636

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 30
year 1947 hour 12 minute 33 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Claude Pringle
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Sept. 13, 1901
(Month) (Day) (Year)

Immediate cause of death 13th degree burn of 60% body 2 P.O. Poisoning Duration
Incessant hiccupping of vomit
in the home 5009
Emough St. around 12:30 P.M.
Due to On April 30, 1947
Alleyway 6 Building 2000
Roberts 470000
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
45 6 17 hr. min.

Major findings: 195
Of operations
Of autopsy 15
109
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Waitress

11. Industry or business Delicatessen

12. Name Louie Quallmann

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

14. Maiden name Clara Magee

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

16. (a) Informant George Dutta

(b) Address 3518 Pennsylvania St.

17. (a) Burial (b) Date thereof 4-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home Country

18. (a) Signature of funeral director Josephine Pringle
(b) Address 4228 So. K. Johnson St.

19. (a) APR 2 1947 (b) J.P. Pringle
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify)
(b) Date of occurrence March 30, 1947

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

(d) Did injury occur in or about home, car, in industrial place, in public place?
Home

While at work? (Specify type of place)
(e) Means of injury As above

23. Signature [Signature] (M. D. or other) 3

Address [Address] Date signed 3/31/47

8978

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..... *William B. White*

Licensed Embalmer No..... *4291*

P. O. Address..... *4228 S. King Highway*

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.