

FILED SEP 18 1947
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County: _____

(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: **Enroute to City Hospital 3**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: _____
(Specify whether _____)

In this community: _____
years, months or days

3. (a) PRINT FULL NAME: **Joseph A. Pruitt**

3. (b) If veteran, name war: **None**

3. (c) Social Security No.: **Unknown**

4. Sex: **Male**

5. Color or race: **White**

6. (a) Single, widowed, married, divorced: **Divorced**

6. (b) Name of husband or wife: **Unavailable**

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

7. Birth date of deceased: **July 1 1897**
(Month) (Day) (Year)

8. AGE: Years: **50** Months: **2** Days: **2** If less than one day: _____ hr. _____ min.

9. Birthplace: **Miller County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Shoemaker**

11. Industry or business: _____

12. Name: **Louis Pruitt**

13. Birthplace: **Miller County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name: **Elizabeth Ray**

15. Birthplace: **Miller County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Norman A. Pruitt**

(b) Address: **Jefferson City, Missouri**

17. (a) **Burial** (b) Date thereof: **9/8/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Eldon, Missouri**

18. (a) Signature of funeral director: **Albert H. Hoppe**

(b) Address: **4700 Washington Blvd.**

19. (a) **SEP 8 1947** (b) **J. Bredes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Cole 26**

(c) City or town: ~~XXXXXXX~~ **Jefferson City 5**
(If outside city or town limits, write "RURAL")

(d) Street No.: **N.R.** (If rural, give location) **4**

(e) Citizen of foreign country? _____ (Yes or No) **1**
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: **Sept** day: **3**
year: **1947** hour: **9** minute: **32** 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. Duration _____

Immediate cause of death: **Fracture of skull**
Subdural hemorrhage of brain when struck by a tree branch by one William Fisher at the intersection of _____
Date of death: **Sept 3 1947 9:32 PM**

Other conditions: **1 yr. 10 m.**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations: **21**

Of autopsy: _____

Underline the cause of 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 road**

(b) Date of occurrence: **Sept 3 1947**

(c) Where did injury occur?: **Jefferson City**
(City or town) (County) (State)

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

While at work? _____ Means of injury: **5 done**

23. Signature: **Edward E. Jank** (M.D. or other) **1/13/47**
Address: **Jefferson City** Date signed: **9/10/47**

JUL 1 1948

JML

JUN 2 1948

SEP 15 1949

SEP 18 1947

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 *J. Allen Davis*
Licensed Embalmer No. *40513*
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.