V. S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40394

FILED DEC 8 1947

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 2482

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

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Co. Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day 6 hrs. (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Wellston 0
(If outside city or town limits, write "RURAL")
(d) Street No. 6225 Wells 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Lawrence Prince

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race C

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

6. (b) Name of husband or wife Mary Beal

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased 12 (Month) 3 (Day) 1874 (Year)

8. AGE: Years 72 Months 11 Days 25 If less than one day hr. min.

9. Birthplace Cape County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Virgil Prince
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Clara
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Wife Mary Prince
(b) Address 6225 Wells

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Price & Walker
(b) Address 2829 Washington Blvd.

19. (a) 12-2-47 (Date received local registrar) (b) Cecil A. Hart MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28th year 1947 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov. 27th 1947 to Nov. 28th 1947; that I last saw him alive on Nov. 28th 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Encephalo malacia rt - severe	1 wk
Due to Cerebral embolus right	1 wk -
Due to Arteriosclerosis	50 yrs
Other conditions H.C.D. - arteriolar - nephrosclerosis (Include pregnancy within 3 months of death)	50 yrs.

Major findings:
Of operations 131 a
Of autopsy As above

PHYSICIAN
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)
(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 0

23. Signature Arthur E. Hazel (M. D.)
Address 601 Brentwood Blvd. Date signed 11/29/47

Jefferson City Printing Co.

(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 Geoffice E. Cooper, Registered Apprentice No. 505, working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 14441

P. O. Address 2829 Washington

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.