V. S. No. 2
50M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED JAN 9 1948

Registration District No. 318 Primary Registration District No. 1003 State File No. 43411 Registrar's No. 11791

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: Homer G Phillips Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 hours (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 100
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 2703 Washington (If rural, give location) 9
21 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Pruitt
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 Lettie Pruitt
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Sept. 15, 1881 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	3	6	hr. min.

9. Birthplace Leighton, Alabama (City, town, or county) (State or foreign country)
10. Usual occupation Coal loader
11. Industry or business Klipsch Coal Co.
FATHER
12. Name Frank Pruitt
13. Birthplace ? Alabama (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha ?
15. Birthplace ? Alabama (City, town, or county) (State or foreign country)
16. (a) Informant Lettie Pruitt
(b) Address 2703 Washington Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.
18. (a) Signature of funeral director Russell Und. Co.
(b) Address 2732 Pine Street
19. (a) DEC 26 1947 (Date received local registrar) (b) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21 year 1947 hour 4 minute 50 P M.
21. I hereby certify that I attended the deceased from Dec. 20, 1947, to Dec. 21, 1947; that I last saw him alive on Dec. 21, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Perforated Peptic Ulcer with Peritonitis	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Yes	

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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 (1)
23. Signature Oscar L Daniels (M. D. or other)
Address 2601 N Whittier Date signed 12/22/4

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 _____ _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Clark Young

Licensed Embalmer No. 3371

P. O. Address St. Louis

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.