

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21553**
4847

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Cape Girardeau**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Cape Girardeau**

c. LENGTH OF STAY (In this place) **1 year**

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Homer G. Phillips Hospital**
STREET ADDRESS (If rural, give location) **N.A. - 37 South Frederick St.**

3. NAME OF DECEASED
a. (First) **Eugene** b. (Middle) **L.** c. (Last) **Prince**

4. DATE OF DEATH (Month) (Day) (Year)
May 22, 1949

5. SEX **Male**

6. COLOR OR RACE **Negro**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **June 20, 1874**

9. AGE (In years last birthday) **74**
IF UNDER 1 YEAR: Months **11** Days **2**
IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Red Carrier**

10b. KIND OF BUSINESS OR INDUSTRY **Construction**

11. BIRTHPLACE (State or foreign country) **Jackson, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Unknown**

13b. MOTHER'S MAIDEN NAME **Unknown**

14. NAME OF HUSBAND OR WIFE **Solena Prince**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **Unknown**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Rosella Scott, 4625a Page St., Louis Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Septicemia;**
ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Contrib: Lung Abscess, right with**
DUE TO (c) **Empyema;**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
114th

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
521X

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **6:20 A.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Patrus E. Taylor**

23b. ADDRESS **1300 Clark**

23c. DATE SIGNED **5-26-49**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **May 24, 1949**

24c. NAME OF CEMETERY OR CREMATORY **Fairmont Cemetery**

24d. LOCATION (City, town, or county) (State) **Cape Girardeau, Mo.**

DATE RECORDED BY LOCAL HEALTH DEPT. **1949**

REGISTRAR'S SIGNATURE **J. B. Lavater**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **F. J. Sparks Cape Girardeau, Mo.**

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Signed..... *Frank Sparks*

Signed.....
Student Embalmer

Licensed Embalmer No. *3455*

P. O. Address *Cape Girardeau*

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.