

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10967

Registrar's No. 2647

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2647	
1. PLACE OF DEATH a. COUNTY ST LOUIS MO				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ST LOUIS b. COUNTY MO			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS 2219			
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER G. PHILLIPS HOSPITAL				d. STREET ADDRESS (If rural, give location) 21 10 NORTH GRAND AVE 0			
3. NAME OF DECEASED (Type or Print) a. (First) DAN b. (Middle) PRINCE c. (Last) PRINCE			4. DATE OF DEATH (Month) (Day) (Year) 5/13/ 17 1950				
5. SEX MALE 2	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JULY 15 1904	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 2 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) wood stock ALA 1		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME AFE PRINCE		13b. MOTHER'S MAIDEN NAME MARY BANKS		14. NAME OF HUSBAND OR WIFE BESSIE 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. 417*09-6344		17. INFORMANT'S SIGNATURE OR NAME ADDRESS BESSIE PRIME 10 NORTH GRAND AVE			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, 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) Ruptured Aorta DUE TO (c) 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) 451X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
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 7:42 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Type name and title) <i>Joseph W. ...</i>				23b. ADDRESS 3-1300 Clark		23c. DATE SIGNED 3/18/50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3-23		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) ST LOUIS MO	
DATE REC'D BY LOCAL REG. MAR 20 1950		REGISTRAR'S SIGNATURE J. B. ...		25. FUNERAL DIRECTOR'S SIGNATURE BOYD BROS FUNERAL HOME		ADDRESS 3706 FINNEY AVE	

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

1937
MAY 11 AM

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

Edward G. Flynn

Signed.....
Student Embalmer

Licensed Embalmer No. *4444*

P. O. Address *4548th Pkwy*

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.

Ln 7664