

FILED APR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15199

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1054

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Clayton		c. CITY (If outside corporate limits, write RURAL and give township) Wellston	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location) 6744 Raymond Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) George	b. (Middle) August Fred	c. (Last) Pritchard	4. DATE OF DEATH (Month) (Day) (Year) 4 - 23 - 1950
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH June 10, 1901
9. AGE (In years last birthday) 48		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Hauler.	10b. KIND OF BUSINESS OR INDUSTRY Ash hauling	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME George Pritchard	13b. MOTHER'S MAIDEN NAME Johanna Noack	14. NAME OF HUSBAND OR WIFE
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Johanna Pritchard-6744 Raymond Av	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation severe		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) fibrinous pericarditis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 434.3	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-22, 1950, to 4-23, 1950, that I last saw the deceased alive on 4-23, 1950, and that death occurred at 1:12pm., from the causes and on the date stated above.

23a. SIGNATURE John F. Gaines, M.D. (Degree or title)	23b. ADDRESS St. Louis Co. Clayton 5, Mo	23c. DATE SIGNED 4-23-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/26/50	24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County; Mo.
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DATE REC'D BY LOCAL REG. 4-24-50	REGISTRAR'S SIGNATURE Herbert R. Donke, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral - 1905 Union Blvd.	ADDRESS
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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.

Student
Student Embalmer

Signed Albert R. Thompson

Licensed Embalmer No. 4237

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.