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FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21930

BIRTH NO. 31276 REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. 4967

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

1. PLACE OF DEATH
a. COUNTY

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

c. LENGTH OF STAY (in this place) 3 hrs. 23 mins

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G. Phillips

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

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2119

d. STREET ADDRESS (If rural, give location) 4125 E. Belle 0

3. NAME OF DECEASED (Type or Print) a. (First) Harold b. (Middle) c. (Last) Pruitt

4. DATE OF DEATH (Month) 5 (Day) 24 (Year) 50

5. SEX Male 2

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0

8. DATE OF BIRTH 5-24-50

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 3 Min. 23

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

10b. KIND OF BUSINESS OR INDUSTRY 0

11. BIRTHPLACE (State or foreign country) Missouri 0

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Robert Pruitt

13b. MOTHER'S MAIDEN NAME Ozelle Patrick

14. NAME OF HUSBAND OR WIFE

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

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs M Sherard, RR2 2601 N. Whittier

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

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 ☐ 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)

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

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

21f. HOW DID INJURY OCCUR? 776X

22. *I hereby certify that I attended the deceased from* 5-24-, 1950, *to* 5-24-, 1950, *that I last saw the deceased alive on* 5-24-, 1950, *and that death occurred at* 5:16p *m., from the causes and on the date stated above.*

23a. SIGNATURE W. C. Seibler (Degree or title) M. D.

23b. ADDRESS 2601 N. Whittier

23c. DATE SIGNED 5-31-50

24a. BURIAL, CREMATION, REMOVAL (Specify) 6

24b. DATE JUN 6 1950

24c. NAME OF CEMETERY OR CREMATORY Anatomical Board

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. JUN 6 1950

REGISTRAR'S SIGNATURE J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service Inc 4104 Manchester Ave. St. Louis 10, M

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

Note:— The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.