

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14681**
Registrar's No. **3712**

FILED MAY 1 - 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2209	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 9 yrs.		d. STREET ADDRESS (If rural, give location) 20 2200a Warren	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) EMMA	b. (Middle) MAY	c. (Last) PRYOR	4. DATE OF DEATH (Month) (Day) (Year) 4 17 52
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 2	8. DATE OF BIRTH 6-18-95 AGE (In years last birthday) 57 May 5, 1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Illinois
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Robert Pryor
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. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lawrence Pryor 2200a Warren
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>This does not mean (1) mode of dying, such as heart failure, asthenia, or (2) means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension - Ess. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chronic nephritis 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.	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 592X	
22. I hereby certify that I attended the deceased from 4-14 , 19 52 , to 4-17 , 19 52 , that I last saw the deceased alive on 4-16 , 19 52 , and that death occurred at 3:45 a. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Edward J. Berger MD		23b. ADDRESS 457 N. Kingshighway	23c. DATE SIGNED 4-18-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-21-52	24c. NAME OF CEMETERY OR CREMATORY St. Matthew	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
DATE REC'D BY LOCAL REG. APR 21 1952	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin F. Home 2301 Lafayette Ave.	

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

V. G. Harris

Licensed Embalmer No. 3384

P. O. Address 2301 Lafayette

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 14681
Local Registrar's No. 3712

State of }
County of } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this day of, 194....., before me appears.....

....., who, upon oath, states that the original record of birth
for **Emma May Pryor** ~~born~~ ^{died} **4-17-1952**, 19....., in the State of
Missouri, and which was filed at on, 19....., should be corrected as follows:

Item No. **8** should read **May 6-1895**

Instead of..... **May 5 1897**

Item No. **9** should read **Age 57**

Instead of..... **Age 54**

Item No. should read

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Lawrence Pryor **Inf.**
Relationship.

2200th Warren St.
Present Address.

Subscribed and sworn to before me this 26 day of May, 1952

My Commission expires 3-4-53 Carl P. [Signature] Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

