

S. No. 300
v. 10.48

KC 249 861
Reg. # 101 114
MAY 19 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18966

State File No.

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1101

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (In this place) 23 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2169	
		d. STREET ADDRESS (If rural, give location) 3155 MICHIGAN AVENUE	

3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) E. c. (Last) PRYOR			4. DATE OF DEATH (Month) (Day) (Year) 4-25-52			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4-8-89	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ORDER CLERK		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN		11. BIRTHPLACE (City and State or Foreign Country) HARRISONVILLE, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME THOMAS PRYOR	13b. MOTHER'S MAIDEN NAME HENRIETTA KETTLER	14. NAME OF HUSBAND OR WIFE CLARA PRYOR
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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) YES WWI	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS, MO.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 23 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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 332K	20. AUTOPSY? YES <input checked="" 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)
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?

22. I hereby certify that I attended the deceased from 4-2-52, 19, to 4-25-52, 19, and that death occurred at 6:35A m., from the causes and on the date stated above.

23a. SIGNATURE R.A. ALLEN R.A. Allen M.D.	23b. ADDRESS VA HOSPITAL, JEFF. BKS, MO.	23c. DATE SIGNED 4-25-52
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24a. BURIAL, CREMATION, REMOVAL REMOVAL	24b. DATE Apr. 29 1952	24c. NAME OF CEMETERY OR CREMATORY KOLMER MEMORIAL	24d. LOCATION (City, town, or county) (State) WATERLOO, ILLINOIS
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DATE REC'D BY LOCAL REG. 4-26-52	REGISTRAR'S SIGNATURE Herbert R. Donke MO	25. FUNERAL DIRECTOR'S SIGNATURE KUTIS FUNERAL HOME, 2906 Gravois, St. Louis, MO	ADDRESS
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sw (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 James E. Dill

Licensed Embalmer No. 43479

P. O. Address 2906 Harris

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.