

FILED JUL 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. **25109**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6213**

1. PLACE OF DEATH a. COUNTY		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 St. Louis		c. CITY OR TOWN St. Louis d. Residence within limits of a city or incorporated town Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5224a Delor Street		e. STREET ADDRESS (If rural, give location) 14 5224a Delor Street 2149	
3. NAME OF DECEASED (Type or Print) a. (First) Rose b. (Middle) Alice c. (Last) Prescott			4. DATE OF DEATH (Month) (Day) (Year) 7 - 7 - 1954
5. SEX Fem	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4 - 8 - 1883
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress	11. BIRTHPLACE (City and State or Foreign Country) Perryville, Missouri
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Manufacturing	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Ephraim Barks		13b. MOTHER'S MAIDEN NAME Mary Leonard	14. NAME OF HUSBAND OR WIFE Charles Hill Prescott
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. 494-10-8503A	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Chester Prescott, Robertson, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Disease INTERVAL BETWEEN ONSET AND DEATH 0/24/5 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive C.V. Disease DUE TO (c) 7 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4.43X			
22. I hereby certify that I attended the deceased from May 25, 1954 to July 5, 1954 , that I last saw the deceased alive on June 30, 1954 , and that death occurred at 9:40 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. K. Kado M.D.		23b. ADDRESS Humboldt Bldg	
23c. DATE SIGNED 7/6/54			
24a. BURIAL CREMATION REMOVAL (Specify) Removal		24b. DATE 7/10/54	
24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. JUL 9 1954		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral		ADDRESS 1905 Union Blvd.	

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.....
Signature of Student Embalmer

Signed *Warren A. Carver*.....

Licensed Embalmer No. *353*.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.