

FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39205**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 546		Registrar's No. 2664	
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 township) OVERLAND		c. LENGTH OF STAY (to this place) 10 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OVERLAND 434			
d. FULL NAME OF HOSPITAL OR INSTITUTION 9620 MIDLAND				d. STREET ADDRESS (If rural, give location) 9620 MIDLAND			
3. NAME OF DECEASED (Type or Print)		a. (First) JAMES		b. (Middle) PERRY		c. (Last) PRITCHETT	
		4. DATE OF DEATH		(Month) 11		(Day) 13 (Year) 55	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER-MARRIED, / WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JUNE 26 1887	
		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED STREET CAR MOTOR MAN		10b. KIND OF BUSINESS OR INDUSTRY PUBLIC SERVICE		11. BIRTHPLACE (City and State or Foreign Country) LONG DEBB MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME ROBERT PRITCHETT		13b. MOTHER'S MAIDEN NAME. JULIE LEWIS		14. NAME OF HUSBAND OR WIFE MATILDA PRITCHETT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWT		16. SOCIAL SECURITY NO. 493-10-9471A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MATILDA PRITCHETT 9620 MIDLAND			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease 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 1 yr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				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) m.		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 11-11-55 , to 11-13-55 , that I last saw the deceased alive on Nov 11, 1955 , and that death occurred at 9:15 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Denny W. Roemer MD				23b. ADDRESS 2438 W. Woodward Overland, MO		23c. DATE SIGNED Nov 14/55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 11-16-55		24c. NAME OF CEMETERY OR CREMATORY MOUNT LEBANON CEMETERY		24d. LOCATION (City, town, or county) (State) PATTONVILLE MO	
DATE REC'D BY LOCAL REG. 11-14-55		REGISTRAR'S SIGNATURE Darbert R. Domb MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS EARL HILGEMAN FUNERAL HOME INC. OVERLAND MO			

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 *Carl F. Hillerman* _____

Licensed Embalmer No. *3501* _____

P. O. Address *Greil and 14 JMO* _____

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.