Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-031216
STATE FILE NUMBER

FILED SEP 12 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2261

**1. PLACE OF DEATH**
a. COUNTY St. Louis
b. CITY OR TOWN Clayton — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis Co. Hosp. — Length of stay in Ib 18 days

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE Mo — COUNTY St. Louis
c. CITY OR TOWN Valley Park 4761 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 625 Benton — Reside on Farm Yes ☐ No ☒

**3. NAME OF DECEASED** (Type or print): First GERALD Middle Laymond Last PRUITT

**4. DATE OF DEATH** Month 8 Day 28 Year 1958

**5. SEX** M

**6. COLOR OR RACE** W

**7. MARRIED** ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐

**8. DATE OF BIRTH** March 15, 1958

**9. AGE** (In years last birthday) 16 — 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) none

**10b. KIND OF BUSINESS OR INDUSTRY** none

**11. BIRTHPLACE** (City and state or country) Craighead, Co. Ark.

**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** Everett Pruitt

**13b. MOTHER'S MAIDEN NAME** Lura Seymore Pruitt

**14. NAME OF HUSBAND OR WIFE** ——— None

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown) No — (If yes, give war or dates of service) None

**16. SOCIAL SECURITY NO.** None

**17. INFORMANT** Mrs. Lura Pruitt — Address Valley Park, Mo. 625 Benton

MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hemorrhage from Gastro intestinal tract
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Lymphocytic Leukemia, acute
DUE TO (c) 2043
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☒

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

**20c. TIME OF INJURY** Hour a.m. p.m. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**20f. CITY, TOWN, OR LOCATION** COUNTY STATE

**21.** I attended the deceased from 8-11-1958, to 8-28-1958 and last saw ~~him~~ him alive on 8-28-1958
Death occurred at 7 50 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** Roger Christensen (Degree or title) M.D.

**22b. ADDRESS** 601 S. Brentwood Blvd.

**22c. DATE SIGNED** 8-29-58

**23a. BURIAL, CREMATION, REMOVAL** (Specify) Removal

**23b. DATE** Aug. 31, 1958

**23c. NAME OF CEMETERY OR CREMATORY** Macy Cemetery

**23d. LOCATION** (City, town, or county) (State) Monet, Ark.

**24. FUNERAL DIRECTOR** Gregg Funeral Home — ADDRESS Jonesboro, Ark

**25. DATE RECD. BY LOCAL REG.** 9/2/1958

**26. REGISTRAR'S SIGNATURE** H. R. Domke, M.D. HS

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Jos. E. McCullok

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.