

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-042798

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10802 STATE FILE NUMBER

AMENDED

FILED NOV 28 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>45 Yrs.</u>	c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Incarnate Word</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1639 Texas</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>GRACE ELIZABETH (BRIDGES) PRUITT</u>			4. DATE OF DEATH Month Day Year <u>Nov. 18, 1961</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/12/12</u>	9. AGE (last birthday) <u>49</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Baldwin Regalia</u>	11. BIRTHPLACE (City and state or country) <u>Cadiz, Ky.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>George Sanders</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Martin</u>		14. NAME OF HUSBAND OR WIFE <u>Charles</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			17. INFORMANT <u>Grand City, Ill. Betty Alexander, 2924 National,</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatosis - abdomen</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 mo</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Adeno carcinoma gall bladder Apr 61</u>	
	DUE TO (c) <u>155.1</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <u>Apr 1961</u> to <u>Nov 61</u> and last saw her alive on <u>11-17-61</u> Death occurred at <u>2:21 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>Gray Hawk MD</u> (Degree or title)	22b. ADDRESS <u>16 Hampton Village</u>	22c. DATE SIGNED <u>11-20-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>11-20-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dillinger</u>	23d. LOCATION (City, town, or county) <u>DeSoto, Ill.</u> (State)
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24. FUNERAL DIRECTOR <u>McLaughlin, 2301 Lafayette, St. Louis</u>	25. DATE RECD. BY LOCAL REG. <u>NOV 20 1961</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith MD</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DR. HAWK.  
16 HAMPTON VILLAGE  
ROOM 274.-

**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

*James R. Chip*

Licensed Embalmer No. 455

P. O. Address H. Lewis

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.