MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-013095
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3550

FILED APR 12 1962

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

AMENDED

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2 + 7	6-25-1927 + 34	6-25-1930 + 31	7-27-62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT School Record

BY AFFIDAVIT OF Informant

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in lb: 30 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: JEWISH HOSPITAL St. Louis, Mo — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3907 Evans — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ERNESTINE Middle Last PRUITT
4. DATE OF DEATH: Month 4 Day 1 Year 62
5. SEX: F
6. COLOR OR RACE: C
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-25-~~1930~~ 1927
9. AGE (last birthday): ~~31~~ 34 — 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): Waitress
10b. KIND OF BUSINESS OR INDUSTRY: Resturant
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Emanuael Pruitt
13b. MOTHER'S MAIDEN NAME: Bessie ?
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) No
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Viola Aiken Address: 2601a Burd

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): CARCINOMATOSIS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CARCINOMA of TRANSVERSE COLON
DUE TO (c): DIFFUSE LIVER METASTASES
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): 153.1
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 3/6/62, to 4/1/62 and last saw her/him alive on 4/1/62
Death occurred at 1:10 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ernest E. Weinand, MD
22b. ADDRESS: 216 South Kingshighway, St. Louis
22c. DATE SIGNED: 4/2/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 6 Apr. 1962
23c. NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR: E. F. Toonce — ADDRESS: 1221 North Grand Blvd.
25. DATE RECD. BY LOCAL REG.: APR 3 1962
26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

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 Oliver E Cramble, Student Embalmer No. 642 working under my personal supervision.

Student Oliver E Cramble
Signature of Student Embalmer

Signed Melvin Blackburn

Licensed Embalmer No. 3962

P. O. Address 1221 N. Grand Av

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.