

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034017

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8980** STATE FILE NUMBER

VS 300 Rev. 4/59	DATE AMENDED
1	
2 <b>8/20</b>	
3	
4 <b>0</b>	
5 <b>2</b>	
6	
7 <b>1</b>	
8 <b>1</b>	
9	
10	
11	
12 <b>83-0</b>	
13	
<b>83</b>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

**DECEASED SEP 12 1963**

1. PLACE OF DEATH  
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **ILLINOIS** b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS, MISSOURI** Length of stay in 1b **18 DAYS**

c. CITY OR TOWN **GRAYVILLE** Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **VAH, 915 N. GRAND AVE.** Inside Limits Yes  No  d. STREET ADDRESS (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **ERNEST** Middle **M.** Last **PRITCHETT**

4. DATE OF DEATH **9/4/63** Month Day Year

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **11/24/92** 9. AGE (last birthday) **70** 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) **CUSTODIAN** 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) **GRAYVILLE, ILLINOIS, U.S.A.** 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME **JOHN M. PRITCHETT** 13b. MOTHER'S MAIDEN NAME **MARY MITCHELL** 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of **YES WW-I**) 17. INFORMANT Address **CAROLYN SPENCER (DAUGHTER) SEE #2**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **BRONCHOPNEUMONIA, BILATERAL**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **BRONCHOGENIC CARCINOMA WITH METASTASIS**  
DUE TO (c) **1621**  
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  
 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 Month, Day, Year. a.m. p.m.

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. **///** attended the deceased from **8/13/63** to **9/4/63** and last saw **///** alive on **9/4/63**. Death occurred at **8:40 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Ernest M. Pritchett, M.D.** 22b. ADDRESS **VAH, ST. LOUIS, MO.** 22c. DATE SIGNED **9/4/63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **9-7-63** 23c. NAME OF CEMETERY OR CREMATORY **Oak Grove Cemetery** 23d. LOCATION (City, town, or county) (State) **Grayville, Ill**

24. FUNERAL DIRECTOR ADDRESS **Bernard R. Sturm, Grayville, Ill** 25. DATE RECD. BY LOCAL REG. **SEP 6 1963** 26. REGISTRAR'S SIGNATURE **Coat 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 Not Embalmed, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John J. Keady III

Licensed Embalmer No. 5039

P. O. Address E. St. Louis, Mo.

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.