

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19042

FILED MAY 24 1951
REG# 93851

State File No.

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>2219</u>			
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MISSOURI</u>				b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS</u>		c. LENGTH OF STAY (In this place) <u>10 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FLAT RIVER</u>		<u>0942</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION</u>				d. STREET ADDRESS (If rural, give location) <u>620 TAYLOR AVE.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>PRESSLIE</u>			b. (Middle) <u>L.</u>			c. (Last) <u>PRITCHETT</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 19 1951</u>			5. SEX <u>MALE</u>			6. COLOR OR RACE <u>WHITE</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>			8. DATE OF BIRTH <u>NOV. 1 1908</u>			9. AGE (In years last birthday) <u>42</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MECHANIC</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>ST. FRANCIS, MISSOURI</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>ALAZ. PRITCHETT</u>			13b. MOTHER'S MAIDEN NAME <u>ANNA DALTON</u>			
14. NAME OF HUSBAND OR WIFE <u>VERNETTA PRITCHETT</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW II</u>			16. SOCIAL SECURITY NO. <u>199-03-6885</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS</u>			ADDRESS <u>JEFF BRKS, MO.</u>						
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) <u>MIDDLE CEREBRAL ARTERIAL ANEURYSM</u>				INTERVAL BETWEEN ONSET AND DEATH <u>13 DAYS</u>	
II. ANTECEDENT CAUSES				DUE TO (b) _____					
III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (c) _____					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>VA</u>			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 <u>5-9</u> , 19 <u>51</u> , to <u>5-19</u> , 19 <u>51</u> , and that death occurred at <u>6:10 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>F. P. Reulbach</u>			23b. ADDRESS <u>M.D. VAH JEFFERSON BARRACKS, MO.</u>			23c. DATE SIGNED <u>5-19-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>			24b. DATE <u>MAY 20-51</u>			24c. NAME OF CEMETERY OR CREMATORY <u>FLAT RIVER, MO.</u>			
24d. LOCATION (City, town, or county) (State) <u>FLAT RIVER, MO</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>C. HOFFMEISER</u>			ADDRESS <u>7848 BROADWAY</u>			
DATE REC'D BY LOCAL REG. <u>5-19-51</u>			REGISTRAR'S SIGNATURE <u>Herbert R. ...</u>						

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

Louis C. Hoffmann

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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: