

1. PLACE OF DEATH:
(a) County.....
(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: JEWISH HOSPITAL (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 DAYS
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME DORA G. PRITCHARD
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased AUGUST 8 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 3 9 hr. min.

9. Birthplace ILLINOIS 1
(City, town, or county) (State or foreign country)

10. Usual occupation WIDOW

11. Industry or business AT HOME

12. Name JOHN ETHERTON

13. Birthplace ILLINOIS 1
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace ILLINOIS 1
(City, town, or county) (State or foreign country)

16. (a) Informant JOHN DOOLEY

(b) Address 4639 TYROLEAN

17. (a) BURIAL (b) Date thereof NOV. 20 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST. MARCUS

18. (a) Signature of funeral director Shoe Kutis & Son

(b) Address 2906 GRAYOIS ST. LOUIS MO.

19. (a) NOV 18 1948 (b) J. B. Lesater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 6210 VIRGINIA
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 17
year 1948 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov 15
1948 to Nov 17 1948
that I last saw her alive on Nov. 17 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Mania Duration 5 days

Due to Toxic Nephritis 3 days

Due to ? sulfur amide

Other conditions Broncho pneumonia 3
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Toxic nephritis
Broncho pneumonia

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1

While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature Arthur E. Strain (M. D. or other) _____

Address 539 1/2 Grand Date signed 11/17/48

PHYSICIAN
Underline the cause to which death should be charged statistically.

Mrs.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Samuel C. Rice*

Licensed Embalmer No. *4347*

P. O. Address..... *2906 Travis*

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.