

Registration District No. 775

Primary Registration District No. 6020-A

Registrar's No. 41

1. PLACE OF DEATH:

(a) County St. Francois
 (b) City or town Bonne Terre Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
Bonne Terre Hospital
(If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution 4 days
(Specify whether)
 In this community 69 years
years, months or days

3. (a) PRINT FULL NAME LOUIS VETAL PRATTE

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Caroline Pratte 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased May 30 1870
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 20 If less than one day hr. min.

9. Birthplace St. Francois Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Chester

11. Industry or business

MOTHER FATHER
 { 12. Name Louis J Pratte
 { 13. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)
 { 14. Maiden name Ag Ste James
 { 15. Birthplace Ste Genevieve Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature My Caroline Pratte
 (b) Address Middle St Bonne Terre Mo
 17. (a) Burial (b) Date thereof May 22 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Francois Memorial Park

18. (a) Signature of funeral director Bonham Ind Co
 (b) Address 313 Bonham St Bonne Terre Mo
 19. (a) 5-22-40 (b) N. W. Hawkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
 (c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
 (d) Street No. 324 Middle
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
 year 1940 hour 6 minute 45 a. M.

21. I hereby certify that I attended the deceased from May 17, 1940, to May 20, 1940;
 that I last saw him alive on May 19, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 5 days
 Due to Cardio-vascular vessel disease 4 years

Due to _____
 Other conditions 121
(Include pregnancy within 3 months of death)

Major findings: Of operations no operation
 Of autopsy no autopsy
 PHYSICIAN _____
Underline the cause to which death should be charged statistically

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?
 While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature D. Ed Smith (M. D. or other) MD
 Address Bonne Terre Mo Date signed 5-24-40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

C. J. Claywell

Licensed Embalmer No. *3706*

P. O. Address *Booneville, 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 this body is not embalmed, above space should be left blank.