

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
7086

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis Mo (No. Baptist Hospital)

File No.....
Registered No. 1369
St. _____ Ward _____

2. FULL NAME Hazel A. Pratte

(a) Residence No. 4622 - Minnesota ave St. 15 Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep 5 - 1910

7. AGE

20

YEARS

MONTHS

4

DAYS

27

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Herk 244

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bonne Terre, Mo

(STATE OR COUNTRY)

10. NAME OF FATHER Bert. Pratte

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Bonne Terre, Mo

12. MAIDEN NAME OF MOTHER Stella. Dow

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

14.

INFORMANT Bert. J. Pratte

(Address) 4622 - Minnesota ave

15.

FILED 3 1931

MINN STATE

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 - 1 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1930, to 1 - 1, 1931, that I last saw her alive on 2 - 1 - 1931, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Renal Tuberculosis (Right Kidney)

CONTRIBUTORY (SECONDARY)

Miliary Tuberculosis
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. St. Louis mo

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept - 3

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Kidney removed

(Signed) W. J. ... M. D.

2-2-1931 (Address) Wall Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Bonne Terre, Mo

DATE OF BURIAL

Feb 4 1931

20. UNDERTAKER

Edw. F. Howard & Sons

ADDRESS

4912 St Louis Ave

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.

