

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
LEO JUL 13 1942 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 5571

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 94

(a) State Missouri (b) County St. Francois

(c) City or town Desloge N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert William Pratte

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1942 hour 1:30 minute 17 M.

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Feb. 18 1903
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 24 1942 to June 28 1942
that I last saw him alive on June 28 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

39 4 11 _____ hr. _____ min.

Immediate cause of death: Coronary infarct
coronary atherosclerosis

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

9. Birthplace: Desloge, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name A. V. Pratte

{ 13. Birthplace Bonne Terre, Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Virginia Thomnde

{ 15. Birthplace Ste Genevieve, Missouri
(City, town, or county) (State or foreign country)

Physician _____

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____

Of autopsy same

16. (a) Informant Letitia Pratte

(b) Address 4010 Lexington Ave.

17. (a) Burial (b) Date thereof 6/30/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Desloge, Missouri

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 _____

18. (a) Signature of funeral director Albert H. Hoop Inc.

(b) Address 4700 Washington Ave.

19. (a) JUL 29 1942 (b) J. F. Bruders
(Date received local registrar) (Registrar's signature)

23. Signature Engel G. Sneyer (M. D. or other) _____
Address 634 - 7th Street Date signed 6-29-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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17
9

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.....

W. Wilkinson

Licensed Embalmer No.....

3575

P. O. Address.....

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.