WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

File No. 41947
Registered No. 180

1. PLACE OF DEATH
County St Charles
Township
City St Charles (No. 711 Tomphins St. Ward)
Registration District No. 757
Primary Registration District No. 3036

2. FULL NAME Frank Pratter
(a) Residence, No. 711 Tomphins St., 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4 1865

7. AGE: Years 66 | Months 2 | Days 25 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

FATHER
13. NAME No History
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No History

MOTHER
15. MAIDEN NAME No History
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No History

17. INFORMANT Mrs. E. Berry
(ADDRESS) 711 Tomphins St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peters Cem. DATE Dec 31 1931

19. UNDERTAKER H. D. Allemeyer & Sons Co
(ADDRESS) 900 N. 2nd St St Charles Mo

20. FILED 12/30 1931 Fry. D. Blackburn Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28th 1931

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ ...., 19.... to ...., 19.... I last saw him ~~alive on~~ Dec 30 1931. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Ribs	Dec 28-31

Other contributory causes of importance: Fracture of 5+6th left Ribs

Name of operation — Date of ....
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Fall on a curb & gutter Date of injury Dec 28 1931
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Fall on a Curb & Gutter
Nature of injury Fracture of 5+6th left Ribs

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) F. Bleuding Conn, M. D.
(Address) Wentzville Mo