

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.

JAN 23 1936

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

Do not use this space.

42051

## 1. PLACE OF DEATH

County St. Louis Registration District No. 1123 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 6248B Registered No. 439  
City Jefferson Barracks (No. Veterans Administration Facility St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME PRATER, David H.

(a) Residence, No. Venice, Illinois St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

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

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Grace M. Prater (Separated)</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 11, 1880</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>55</u>	<u>10</u>	<u>13</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unavailable</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Unavailable</u>		11. Total time (years) spent in this occupation. <u>Unavailable</u>	
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Pawnee Illinois</u>				
13. NAME <u>Unavailable</u>				
FATHER	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Unavailable</u>			
	15. MAIDEN NAME <u>Unavailable</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Unavailable</u>			
	17. INFORMANT <u>C. W. Hughes, M. D.</u> (ADDRESS) <u>Vet. Adm. Facility, Jeff. Brks., Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>National Cem.</u> DATE <u>12-28</u> 19 <u>35</u>				
19. UNDERTAKER <u>C. Hoffmeister Und. &amp; Livery Co.</u> (ADDRESS) <u>7814 S. Broadway, St. Louis, Mo.</u>				
20. FILED <u>Dec 27</u> 19 <u>35</u> <u>L. Mowrey</u> Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 21, 1935 to December 24, 1935

I last saw him alive on December 24, 1935 Death is said to have occurred on the date stated above, at 9:10 P.

The principal cause of death and related causes of importance were as follows:

Appendicitis, gangrene Date of onset 12-20-1935

Other contributory causes of importance: Peritonitis, Generalized Date of onset 12-20-1935

Laparotomy with drainage Name of operation Date of 12-21-35

Physical Exam, X-ray, laboratory studies, operative findings NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

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 \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify None

(Signed) C. W. Hughes, M. D., Chief Med. Officer

(Address) Vet. Adm. Facility, Jeff. Brks., Mo.

