

B 20 1939

REGD MAR 9 1939

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

7892
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Carondelet Primary Registration District No. 20 Registered No. 295
(c) City Jefferson (d) Street No. Veterans Administration Facility, Jeffersons Bks
(If death occurred in Hospital or Institution, write its name instead of street and number) MO.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

630 George H. Pratt
(a) Residence, No. 4554 Washington Av., St. Louis, Mo. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Mrs. Alta Mae Pratt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 yrs. - 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman.
9. Industry or business in which work was done, as 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) Buffalo,
(STATE OR COUNTRY) New York.

FATHER 13. NAME George Pratt

14. BIRTHPLACE (CITY OR TOWN) Buffalo,
(STATE OR COUNTRY) New York.

MOTHER 15. MAIDEN NAME Mollie (Unknown)

16. BIRTHPLACE (CITY OR TOWN) Buffalo,
(STATE OR COUNTRY) New York.

17. INFORMANT (ADDRESS) M. Schiller
Clinical Clerk, Vet. Adm. Facility

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE Feb. 21 1939

19. FUNERAL DIRECTOR (NAME) Hoffmeister Undertaking
(ADDRESS) 7814 South Broadway, St. Louis, Mo.

20. FILED FEB 20 1939 J. R. Meyer
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1939 to Feb. 18, 1939.

I last saw him alive on Feb. 18, 1939. Death is said to have occurred on the date stated above, at 10:25 A.M.

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

Nephritis, chronic, with generalized anasarca. Date of onset Unkn.
59'
Other contributory causes of importance: Diabetes Mellitis. Unkn.

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? 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.

24. Was disease or injury in any way related to occupation of deceased?
If so specify C. W. Hughes, M.D., Ch. Medical Office
(Signed) C. W. Hughes, M.D., Ch. Medical Office
(Address) Vet. Admin. Facility, Jeff. Bks., Mo.

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.....

Licensed Embalmer No.....

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, above space should be left blank.