

V. S. No. 2  
M-11-10-39  
Rev. 5-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1903P  
State File No. \_\_\_\_\_

FILED JUN 6 1941  
Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1001

1. PLACE OF DEATH:  
 (a) County ST. LOUIS.  
 (b) City or town PINE LAWN  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME ELDA S. PRATER

3. (b) If veteran, name war. 8. (c) Social Security No. 493-05-2059

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Evelyn 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased Dec. 13 1905  
(Month) (Day) (Year)

|         |                 |                 |                |  |
|---------|-----------------|-----------------|----------------|--|
| 8. AGE: | Years <u>35</u> | Months <u>7</u> | Days <u>26</u> | If less than one day<br>hr. _____ min. |
|---------|-----------------|-----------------|----------------|--|

9. Birthplace Croser Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Foreman

11. Industry or business St. Louis C<sup>o</sup>. gas co.

MOTHER FATHER  
 { 12. Name Eaton A Prather  
 { 13. Birthplace Ill.  
 { 14. Maiden name Roxie Dierduff.  
 { 15. Birthplace Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Evelyn Prater

(b) Address 3819 Lawler Dr. Pine Lawn

17. (a) Burial (b) Date thereof May 12 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966 Easton Ave St. Louis, Mo.

19. (a) MAY 10 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 96  
 (a) State Missouri (b) County St. Louis  
 (c) City or town Pine Lawn  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3819 Lawler Dr.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 9 day  
year 1941 hour 5:10 minute P M.

21. I hereby certify, that I attended the deceased from May 9 1941  
\_\_\_\_\_ 19\_\_\_\_ to May 9 1941;  
that I last saw him alive on May 9 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 1081 Addison's Disease 4 yrs.  
(Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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 \_\_\_\_\_

23. Signature [Signature] (M. D. or other) [Signature]  
Address 1492 Hediano St Date signed 5/10/41

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

**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 \_\_\_\_\_

David C. Gibson, Registered Apprentice No. 3454  
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton, St. Louis

**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.**