

FILED AUG 28 1941
District No. 791

Primary Registration District No. 1003

Registrar's No. 5734

1. PLACE OF DEATH:

(a) County St. Louis mo
(b) City or town St. Louis mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
208 A So 23 St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 yrs! (Specify whether
In this community 5 yrs! years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County 000
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL") 229
(d) Street No. 208 A So 23 St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th.
year 1941 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from 7-2- 1941, to 7-8- 1941;
that I last saw him alive on 7-8- 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency

Due to Intussusception

Due to Intussusception

Other conditions None
(Include pregnancy within 3 months of death)
Major findings: None
Of operations None
Of autopsy None

Physician
Intussusception
Intussusception
Underlines the cause to which death should be charged statistically.

8. (a) PRINT FULL NAME JOHNELL PRATT
(b) If veteran, name war None (c) Social Security No. None

4. Sex Female 5. Color or race NEgro 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 5 years (Year)

7. Birth date of deceased April 5 1936
(Month) (Day) (Year)

8. AGE: Years 5 Months 3 Days 3 If less than one day hr. min.

9. Birthplace St. Louis mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None
12. Name FERRY PRATT
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Viola Harris
15. Birthplace St. Louis mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Viola Pratt
(b) Address 208 A So 23 St

17. (a) Burial (b) Date thereof July 12 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director W. H. ...
(b) Address 364 N. ...

19. (a) JUL 11 1941 (b) W. H. ...
(Date received local registrar) (Registrar's signature)

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 _____
28. Signature Dr. Edward Keef (M. D. or other) Dr.
Address 29018 ... Date signed 7-11-41

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

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 *Louis V. Atkins*

Licensed Embalmer No. *2842*

P. O. Address *3644 Finney*

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.