

FILED FEB 24 1942

Registration District No. 7911

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3412 Miami St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Robert S. Pratt

3. (b) If veteran, name war Yes 3. (c) Social Security No. 497-05-5568

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased October 1 1893
(Month) (Day) (Year)

8. AGE: Years 48 Months 3 Days 9 If less than one day hr. min.

9. Birthplace Sedalia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business

MOTHER FATHER

12. Name John W. Pratt

13. Birthplace unknown Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Pratt

(b) Address 3412 Miami St.

17. (a) Burial (b) Date thereof Jan 13 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director John A. Moore and Son Co.
(b) Address 3634 Gravois Ave.

19. (a) JAN 12 1942 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 16 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3412 Miami St. (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 3
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1942 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Shotgun wound in chest; self inflicted at his home, 3412 Miami St., on Jan. 10th, 1942, between 12:30 and 1:00 o'clock P.M.
Due to Suicide

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy broken case

PHYSICIAN
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) Suicide
(b) Date of occurrence 1-10-142
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place) (e) Means of Injury 16

23. Signature Alfred Perry (M.D. or other)
Address 1612 Columbia Date signed 1/12/42

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.....

Frank J. Nyland

Licensed Embalmer No.....

2645

P. O. Address.....

St. Louis Mo

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, fact should be so stated above.