

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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9  
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: St. John's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30 Min. (Specify whether)  
In this community 0  
years, months or days

3. (a) PRINT FULL NAME Dr. Burgette Leon Pratte

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex 0 M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.  
6. (b) Name of husband or wife Pauline 6. (c) Age of husband or wife if alive 38 years  
7. Birth date of deceased Nov. 13th., 1899  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
42 5 0 hr. min.

9. Birthplace St. Mary's Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Dentist

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Frank Pratte  
13. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Irene Bogy  
15. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pauline Pratte  
(b) Address 7808 Kendridge Ave.

17. (a) Burial (b) Date thereof 4-16-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary  
18. (a) Signature of funeral director Arthur J. Jounilly  
(b) Address 3840 Linden Blvd.

19. (a) APR 24 1942 (b) J. P. Bredek  
(Date of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Shrewsbury  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7808 Kendridge Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th. year 1942 hour 11 minute 45 a. M.

21. I hereby certify that I attended the deceased from March 12, 1941, to April 13, 1942  
that I last saw him alive on Apr 13 1942, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolus  
Due to Vascular disease

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 9H in

Major findings: Of operations 1H  
Of autopsy \_\_\_\_\_  
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) \_\_\_\_\_  
(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 C. N. Lindeman (M. D. or other) MD  
Address 4176 1/2 Phelan Ave Date signed Apr 14 1942

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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.....

*W H Van Matre*

Licensed Embalmer No.....

*2825*

P. O. Address.....

*4340 Lafayette*

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.