

S. No. 2
4-5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32338

State File No.

FILED OCT 28 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8368

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Mo. 11 Days
 (Specify whether
 In this community 1 Year
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 096
 (c) City or town St. Louis,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1024A Arsenal St.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME

Helen R. Pratt

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

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

6. (b) Name of husband or wife Edwin 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased May 11 1921
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 4 27 hr. min.

9. Birthplace Old Mines, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

12. Name John Hopkins

13. Birthplace Missouri (City, town, or county) (State or foreign country) 0

14. Maiden name Mary Robert

15. Birthplace Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant E'dwin Pratt

(b) Address 1024A Arsenal St.

17. (a) Removal (b) Date thereof 10/9/42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Motor to Old Mines, Mo.

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) CT (b) J. F. Bredenk
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8,
 year 1942 hour 6:15 minute A. M.

21. I hereby certify that I attended the deceased from August
27, 1942, to October 8, 1942

that I last saw her alive on October 8, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration

Due to 13

Due to 13

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Refined

Of autopsy Refined

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 Don Petersen (M. D. or other)

Address 1515 Lafayette Avenue Date signed 10/8/42

844 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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

L. R. Cooper

Licensed Embalmer No.

3633

P. O. Address

2317 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.