V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1949 318

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39213

Registrar's No. 10946

1. PLACE OF DEATH:

(a) County

(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: City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12yrs.5mos.11ds. (Specify whether
In this community about 33 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 9 13
(If outside city or town limits, write "RURAL")

(d) Street No. ~~6962 Pernod St.~~ City Sanitarium
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOHN ALBERT PRACHT

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January (Month) 4, (Day) 1893 (Year)

8. AGE: Years 49 Months 11 Days 9 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business unknown

FATHER
12. Name Lawrence Pracht
13. Birthplace unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Veronica Walsh
15. Birthplace unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant City Sanitarium
(b) Address 5800 Arsenal

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof 12-12-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. Kuhtz
(b) Address 2500 Rutger St.

19. (a) DEC 29 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12, year 1942 hour 4:30 minute P.M.

21. I hereby certify that I attended the deceased from , 19 , to 12-12-42 , 19 ; that I last saw him alive on 12-12-42 , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Chronic Myocarditis	3 yrs. x
Due to	
Due to	
Other conditions Manic Depressive Psychosis (Include pregnancy within 3 months of death)	12 yrs x

Major findings:
Of operations
Of autopsy No

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Stanley S. Nemec (M. D. or other) MD.
Address 5400 Arsenal St. Date signed 12/16/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.