

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

FILED JUN 19 1943 18

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Piemin Delege  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... 9 days  
(Specify whether

In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Richard Willard Pratt

3. (b) If veteran, name war..... 1st  
3. (c) Social Security No..... 210

4. Sex male  
5. Color or race w  
6. (a) Single, widowed, married, divorced, Infant

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

7. Birth date of deceased..... June 2 1943  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>9</u>	..... hr. .... min.

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

10. Usual occupation..... Infant

11. Industry or business.....  
12. Name..... Edgar Lee Pratt

13. Birthplace..... Paragould Arkansas  
(City, town, or county) (State or foreign country)

14. Maiden name..... Imogene Pratt  
15. Birthplace..... Paragould Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Edgar Pratt

(b) Address..... 1286 South Newstead

17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof..... 6-12-43  
(Month) (Day) (Year)

(c) Place: burial or cremation..... St. Matthews Cemetery

18. (a) Signature of funeral director..... Joseph H. Martens  
(b) Address..... 4228 So. Kingshighway

19. (a) JUN 12 1943  
(Date received local registrar) (b) J. H. Brundage  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000 17 18  
(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No..... 1236 So. Newstead Ave  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... June day..... 11  
year..... 1943 hour..... 8 minute..... 10 a.m.

21. I hereby certify that I attended the deceased from..... 6/2..... 1943 to..... 6/11..... 1943;  
that I last saw him alive on..... 6/11..... 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Congenital heart lesion  
Due to.....

Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death) 157

Major findings:  
Of operations.....  
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..... Fredlund (M. D. or other)  
Address..... 1315 So. Grand Date signed..... 6/11/43

**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

*No Embalming*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *Richard W. Stoussand*

Licensed Embalmer No. *4007*

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.**