

FILED SEP 17 1943

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Registration District No. _____

Primary Registration District No. _____

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:
Isolation Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution From 9-2-43 to
9-3-43 (Specify whether
In the community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4032 North 11th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

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3. (a) PRINT FULL NAME Patricia Jean Prater

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

4. Sex Female 5. Color or race White 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 Sept. 20 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
11 13 hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name John Patrick Prater
13. Birthplace 4032-North 11th Street 0
(City, town, or county) (State or foreign country)

{ 14. Maiden name Virginia Hubbard
15. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Edith V. Minor
(b) Address 5600 Arsenal Street

17. (a) BURIAL (b) Date thereof 9/6/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director Edward Meyer & Sons
(b) Address 3924 N. 20 St.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 3
year 1943 hour 5:10 P. minute _____ M.

21. I hereby certify that I attended the deceased from 9-2-43
_____ 19 _____ to 9-3-43 19 _____;
that I last saw her alive on September 3, 1943 at _____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Respiratory failure
Due to _____
Myocardial infarction
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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) (c) Means of injury _____

23. Signature James M. Lavelle (M. D. or other) MD
Address Isolation Date signed 9/3/43

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

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.....

Alfred J. Brediker

Licensed Embalmer No.....

2663

P. O. Address.....

5934 Alpha

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, above space should be left blank.