

S. No. 2
DM-5-43
v. 5-17-39
b 1 X36671

FILED FEB 3 1946

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:
2559 Benton St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community about 9 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 1-20

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

(d) Street No. 2559 Benton St
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Mildred Pratt

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

4. Sex Female **5. Color or race** White

6. (a) Single, widowed, married, Married
6. (b) Name of husband or wife Eli Pratt **6. (c) Age of husband or wife if** 60
alive _____ years

7. Birth date of deceased 6 29 1881
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 28
year 1946 hour 10 minute 45 a.m.

21. I hereby certify that I attended the deceased from Jan 24
1946 to Jan 28 1946
that I last saw h. or alive on Jan 28 1946
and that death occurred on the date and hour stated above.

8. AGE:			If less than one day	
Years	Months	Days	hr.	min.
64	6	29		

Immediate cause of death
Coronary Embolism 1 day

Due to retension pericard
ulcer of hg. infected

Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis Mo. 11
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { **12. Name** Ferman Roubdiaux

{ **13. Birthplace** St. Louis Mo 11
(City, town, or county) (State or foreign country)

{ **14. Maiden name** Jane Smith

{ **15. Birthplace** St. Louis Mo. 11
(City, town, or county) (State or foreign country)

16. (a) Informant Eli Pratt

(b) Address 2559 Benton St

17. (a) Burial _____ **(b) Date thereof** 1-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Gordhart & Gordhart

(b) Address 2228 St. Louis Ave

19. (a) JAN 30 1946 J. J. Bredbeck
(Date received local registrar) (Registrar's signature)

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 Cliff Koel (M. D. or other) _____
Address 2416th Grand Date signed 1/29/46

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

2385

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.....

Marie A. Cashion

Licensed Embalmer No.....

3949

P. O. Address.....

St. Louis, MO

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.