S. No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 29 1946

State File No. 14414

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 898

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Koch
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Robert Koch Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 72 days (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County — 000

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1861 Cass 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Elsie Prather

3. (b) If veteran, name war —

3. (c) Social Security No. ne

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jesse

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

7. Birth date of deceased Aug (Month) 16 (Day) 1904 (Year)

8. AGE: Years 41 Months 8 Days 4 If less than one day hr. min.

9. Birthplace Doe Run (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name James Lovorn
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Sarah Lupkey
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Koch Hospital Record
(b) Address Koch Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-23-46 (Month) (Day) (Year)
(c) Place: burial or cremation DESLOGE, Mo

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) 4-23-46 (Date received local registrar) (b) E G McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1946 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from Feb 8, 1946, to April 20, 1946 that I last saw her alive on April 20, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	2 years?
Tuberculous Peritonitis	2 Months
Due to	
Due to 13	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Tuberculosis of Lungs & Peritoneum

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 Paul Murphy (M. D. or other)

Address Koch Mo Date signed 4-21-46

(Licensed Embalmer's Statement on Reverse Side)

AUG 1 1947

MAY 27 1946

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 J. Allen Davis Jr

Licensed Embalmer No. 4053

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.