No. 300
10-48

FILED JUL 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21551

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5585

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Louis 0
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 600
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Louis 17 9 0
d. STREET ADDRESS (If rural, give location): 11 1912a Wagoner Place

3. NAME OF DECEASED (Type or Print)
a. (First): Joe
b. (Middle): Willie
c. (Last): Pratcher

4. DATE OF DEATH (Month) June (Day) 23 (Year) 1949

5. SEX: male 2
6. COLOR OR RACE: negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: 7-22-1898
9. AGE (In years last birthday): 50 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Como, Miss. 1
12. CITIZEN OF WHAT COUNTRY?: usa

13a. FATHER'S NAME: Edward Pratcher
13b. MOTHER'S MAIDEN NAME: Sallie Johnson
14. NAME OF HUSBAND OR WIFE: Marion Pratcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If yes, give war or dates of service): #1
16. SOCIAL SECURITY NO.: 412-07-8558
17. INFORMANT'S SIGNATURE OR NAME: Marion Pratcher | ADDRESS: 1912a Wagoner

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia due to — INTERVAL BETWEEN ONSET AND DEATH: 2½ mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Pyelonephritis — Undet.
DUE TO (c) Urethral Stricture

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 1330

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 6000

22. *I hereby certify that I attended the deceased from* 4-11, 1949, *to* 6-23, 1949, *that I last saw the deceased alive on* 6-23, 1949, *and that death occurred at* 11:52a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W B Bozeman M. D. 0
23b. ADDRESS: 2601 N Whittier St
23c. DATE SIGNED: 6-24-49

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 6/29/49
24c. NAME OF CEMETERY OR CREMATORY: National Cemetery
24d. LOCATION (City, town, or county) (State): Jefferson Barracks, Mo.

DATE REC'D BY LOCAL REG.: JUN 28 1949
REGISTRAR'S SIGNATURE: J B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: G. Wade Granberry 4202 Finney Ave

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

_____, ~~Student Embalmer No.~~ _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Leroy U. Bannister

Licensed Embalmer No. 4523

P. O. Address 3880 a Easton Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.