

FILED MAY 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH18544
State File No. 4363

#110514 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN City of St. Louis 2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		19. STREET ADDRESS (If rural, give location) 4428 McPherson	
3. NAME OF DECEASED (Type or Print) a. (First) EULA b. (Middle) PRATT c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) May 15th, 1950	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH March 6, 1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months 29 Days 9 IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (State or foreign country) Quitman, Mississippi		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James Williams		13b. MOTHER'S MAIDEN NAME Melissa Lemming	
14. NAME OF HUSBAND OR WIFE Barney Pratt		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Joyce McCarty, 1400 N. Park, Johnson	
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) Peritonitis, generalized ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pelvic Inflammatory Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 2 wks. 3 wks.	
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) 626X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/9/50, 19, to 5/15/50, 19, that I last saw the deceased alive on 5/15/50, 19, and that death occurred at 1:00A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. M. Turner, M.D.		23b. ADDRESS 1515 Lafayette Ave.,	
23c. DATE SIGNED 5/15/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-16-50	24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis MO
DATE REC'D BY LOCAL REG. MAY 16 1950	REGISTRAR'S SIGNATURE J. B. Foster	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Bull-Campbell Mortuary, 4218 Lindell	

(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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed _____

Rex P. Campbell

Licensed Embalmer No. 3881

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.