S. No. 300
V. 10.48

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

FILED AUG 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25450

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 235

1. PLACE OF DEATH
a. COUNTY St. Francois 0941 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonne Terre
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) Bonne Terre Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonne Terre 0941 0
d. STREET ADDRESS (If rural, give location) 29 St. Joseph St.

3. NAME OF DECEASED (Type or Print)
a. (First) Frances b. (Middle) Clare c. (Last) Pratte

4. DATE OF DEATH (Month) (Day) (Year) July 2, 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH March 10, 1906

9. AGE (In years last birthday) 46 — If under 1 year: Months 3 Days 22 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Clerk

10b. KIND OF BUSINESS OR INDUSTRY ✓

11. BIRTHPLACE (State or foreign country) Bonne Terre Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Austin Pratte

13b. MOTHER'S MAIDEN NAME Catherine Whelehon

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 494-05-1689

17. INFORMANT'S SIGNATURE OR NAME Mrs. Austin Pratte — ADDRESS Bonne Terre Mo

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) Obstruction of ileum. — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Operation June 16 - for Acute appendicitis & gangrenous uterine fibroid. — 16 days.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis — 1 year.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION June 16-52 (1) Acute appendicitis. Necrotic fibroid. June 30 - Obstruction of ileum.

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) 214X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 14, 1952, *to* July 2, 1952, *that I last saw the deceased alive on* July 1st, 1952, *and that death occurred at* 4 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Dr Geo. L. Watkins M.D. (Degree or title)

23b. ADDRESS Farmington Mo.

23c. DATE SIGNED 7-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 4, 1952

24c. NAME OF CEMETERY OR CREMATORY St. Joseph's

24d. LOCATION (City, town, or county) Bonne Terre (State) Mo.

DATE REC'D BY LOCAL REG. July 25, 1952

REGISTRAR'S SIGNATURE Esther Rudloff

25. FUNERAL DIRECTOR'S SIGNATURE Benham Funeral Home — ADDRESS Bonne Terre Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Embalmer No.....

Signed Clarence J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre Mo

Signed.....
Student Embalmer

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.